

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2011  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2011)**

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><b>I. Facility ID Number:</b> <u>1000036</u></p> <p><b>Facility Name:</b> <u>COLES SUPPORTIVE LIVING</u></p> <p><b>Address:</b> <u>7419 SOUTH EXCHANGE</u> <u>CHICAGO</u> <u>60649</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>COOK</u></p> <p><b>Telephone Number:</b> <u>(773) 721-6600</u> <b>Fax #</b> _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>5/19/2004</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>ANDREW B. CUTLER</u> <b>Telephone Number:</b> <u>(847) 940-3269</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2011</u> to <u>12/31/2011</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 style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>ANDREW B. CUTLER</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>FGMK, LLC</u> <u>2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 374-0400</u> Fax # <u>(847) 374-0420</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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) <u>ANDREW B. CUTLER</u>			(Firm Name & Address) <u>FGMK, LLC</u> <u>2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015</u>			(Telephone) <u>(847) 374-0400</u> Fax # <u>(847) 374-0420</u>	
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Facility Name COLES SUPPORTIVE LIVING

Report Period Beginning: 1/1/2011 Ending: 12/31/2011

**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	33,924	1,518		35,442	5
6	Double Unit					6
7	Other					7
8	TOTALS	33,924	1,518		35,442	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 69.86%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
803 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 206 (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: 12/31/2011 Fiscal Year: 12/31/2011

\* 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:

1/1/2011

Ending: 12/31/2011

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	206,656	177,575	29,663	413,894	(2,015)	411,879	1
2	Housekeeping, Laundry and Maintenance	187,658	47,471	55,735	290,864	(6,120)	284,744	2
3	Heat and Other Utilities			105,503	105,503	(18,890)	86,613	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	394,314	225,046	190,901	810,261	(27,025)	783,236	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	535,013	3,265	8,267	546,545	9,146	555,691	6
7	Activities and Social Services	55,683	4,050		59,733	25	59,758	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	590,696	7,315	8,267	606,278	9,171	615,449	9
<b>C. General Administration</b>								
10	Administrative and Clerical	174,063	8,690	272,425	455,178	172,980	628,158	10
11	Marketing Materials, Promotions and Advertising	28,177		5,947	34,124	563	34,687	11
12	Employee Benefits and Payroll Taxes			193,777	193,777	30,165	223,942	12
13	Insurance-Property, Liability and Malpractice			83,930	83,930	(3,955)	79,975	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	202,240	8,690	556,079	767,009	199,753	966,762	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,187,250	241,051	755,247	2,183,548	181,899	2,365,447	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			22,173	22,173	258,739	280,912	17
18	Interest			152,134	152,134	325,953	478,087	18
19	Real Estate Taxes			122,000	122,000	(10,503)	111,497	19
20	Rent -- Facility and Grounds			810,612	810,612	(810,612)		20
21	Rent -- Equipment			9,556	9,556	1,047	10,603	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			1,116,475	1,116,475	(235,376)	881,099	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,187,250	241,051	1,871,722	3,300,023	(53,477)	3,246,546	24

DESCRIPTION	SCHEDULE V	
	AMOUNT	REF.
<b>NON-ALLOWABLE EXPENSE</b>		
Non-Straight Line Depreciation	(851)	17
Interest Income	(1)	18
Cable TV	(18,890)	03
Bank Charges	(7,510)	10
Non-Allowable Legal	(6,600)	10
Non-Allowable Interest Expense	(152,134)	18
Misc. Income	(401)	10
Bad Debts	(21,435)	10
<b>BUILDING COMPANY:</b>		
Rent Income	(810,612)	20
Depreciation	259,590	17
Guaranty Fees	36,920	10
Interest Expense	477,420	18
Legal Fees	6,740	10
Accounting Fees	4,680	10
Other Professional Fees	13,230	10
Interest Income	(79)	18
<b>PRIOR PERIOD ADJUSTMENTS:</b>		
Rent Expense	(2,173)	20
Activity Supplies	25	07
Employee Insurance	(203)	12
Building Supplies & Repairs	936	02
Equipment Maintenance & Repairs	(44)	02
Laundry Supplies	(7,012)	02
Food	(2,015)	01
Management Allocation	682	10
Advertising & Promotions	563	11
Other Professional Fees	(250)	10
Auto & Travel	15	10
Real Estate Taxes	(10,503)	19
Insurance	(3,955)	13
<b>MANAGEMENT OFFICE ALLOCATION:</b>		
Management Office Allocation	(14,943)	10
General and Administrative Expenses	14,574	10
Employee Benefits	369	12
<b>APEX HEALTHCARE ALLOCATION:</b>		
Health Care Salaries	9,146	06
Employee Benefits-Healthcare	3,888	12
Administrative Salaries	103,348	10
Emp. Ben. - Gen. Admin.	26,111	12
General and Administrative Expenses	43,406	10
Emp. Ben. General	524	10
Interest	747	18
Rent	2,173	20
Auto & Equip Rental	1,047	21
<b>Total</b>	<b>(53,477)</b>	

**Total** (106,954)

Facility Name: COLES SUPPORTIVE LIVING

Report Period Beginning 1/1/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.24	\$ 27.90	1
2	Licensed Practical Nurses	6.61	17.68	2
3	Certified Nurse Assistants	11.50	9.19	3
4	Activity Director & Assistants	2.33	11.47	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.41	11.81	7
8	Dishwashers			8
9	Maintenance Workers	1.09	20.38	9
10	Housekeepers	7.48	9.09	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.01	28.72	13
14	Clerical	5.46	10.03	14
15	Marketing	0.10	134.18	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>45.24</b>	<b>\$ 12.62</b>	<b>17</b>

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	1.6	\$ 12,000	1	
2					2	
3					3	
4					4	
5					5	
				<b>Total</b>	<b>\$ 12000</b>	<b>6</b>

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	

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>\$</b>

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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:

1/1/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land \_\_\_\_\_ Year land was acquired \_\_\_\_\_

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)	\$ 1,719,919	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				605,588	22,173		30,107	7,934	114,375	6
7	Various			2005	39,296		20	13,404	13,404		7
8	Various			2006	76,634		20	20,479	20,479		8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,577,447	\$ 271,480		\$ 259,874	\$ (11,606)	\$ 1,834,294	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	\$ 252,799	\$ 10,283	\$ 21,038	10,755	10	\$ 164,287	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 252,799	\$ 10,283	\$ 21,038	10,755		\$ 164,287	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 &amp; ID Number COLES SUPPORTIVE LIVING

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

## 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	Countertops	2007	1,203		20	60	60	295	2
3	Gas Meter & Unit Heaters	2007	12,842		20	642	642	3,157	3
4	Therapy Room Remodel	2007	5,304		20	265	265	1,083	4
5	Ramps	2007	3,800		20	190	190	776	5
6	Flooring And Instalation	2007	2,052		20	103	103	489	6
7	5Th Balcony	2007	11,229		20	561	561	2,292	7
8	Two Line Railing	2007	3,700		20	185	185	755	8
9	Data Wiring	2007	3,625		20	181	181	740	9
10	Flooring	2007	27,731		20	1,387	1,387	5,895	10
11	Flooring	2007	13,214		20	661	661	2,808	11
12	Flooring	2007	33,193		20	1,660	1,660	6,917	12
13	Carpeting	2007	3,306		20	165	165	688	13
14	Floor Instalation	2007	13,214		20	661	661	2,754	14
15	Floor Instalation	2007	13,214		20	661	661	2,808	15
16	Floor Instalation	2007	23,797		20	1,190	1,190	4,859	16
17	Carpeting	2007	2,770		20	139	139	578	17
18	Flooring	2007	33,193		20	1,660	1,660	6,916	18
19	Floor Installation	2007	25,740		20	1,287	1,287	5,255	19
20	Floor Installation	2007	4,484		20	224	224	1,120	20
21	Painting	2007	4,850		20	243	243	992	21
22	Electrical Work	2007	8,808		20	440	440	1,797	22
23	Office Remodel	2007	11,166		20	558	558	2,558	23
24	Elevator	2008	3,994		20	200	200	616	24
25	Flooring	2008	21,223		20	1,061	1,061	4,244	25
26	Carpeting	2008	3,263		20	163	163	652	26
27	Bedroom Flooring	2008	28,859		20	1,443	1,443	5,769	27
28	Carpeting	2008	3,261		20	163	163	652	28
29	Flooring	2008	44,370		20	2,219	2,219	8,875	29
30	Bedroom Flooring	2008	8,040		20	402	402	1,575	30
31	Flooring	2008	22,015		20	1,101	1,101	4,312	31
32	Bedroom Flooring	2008	14,350		20	718	718	2,751	32
33	Bedroom Flooring	2008	3,582		20	179	179	686	33
34	TOTAL (lines 1 thru 33)		\$ 415,392	\$		\$ 20,772	\$ 20,772	\$ 85,664	34

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

Facility Name &amp; ID Number COLES SUPPORTIVE LIVING

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

## 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	Bedroom Flooring	2008	19,302		20	965	965	3,699	2
3	Bedroom Flooring	2008	27,172		20	1,359	1,359	4,757	3
4	Flooring	2008	3,362		20	168	168	588	4
5	Flooring	2008	6,720		20	336	336	1,176	5
6	Bedroom Flooring	2008	19,488		20	974	974	3,410	6
7	Flooring	2008	37,437		20	1,872	1,872	6,708	7
8	A/C Unit	2009	3,800		20	190	190	459	8
9	Sliding Door	2009	8,134		20	407	407	1,221	9
10	New Door	2009	2,880		20	144	144	420	10
11	Wall Work	2009	4,500		20	225	225	638	11
12	Remove Top Soil	2009	5,200		20	260	260	672	12
13	Elevator	2009	3,993		20	200	200	584	13
14	Build Shed	2009	4,300		20	215	215	555	14
15	Security System	2010	15,985		20	799	799	1,398	15
16	A/C Compressor-5Th Floor	2010	2,658		20	133	133	266	16
17	Wallpaper-Sm Conference, Sm Lobby, Sm 5Th Dining	2010	3,165		20	158	158	316	17
18	Supervision & Expenses, Materials	2010	2,733		20	137	137	274	18
19	Remodel Fitness Rm-Demo & Rebuild Walls, Remodel Bathroom	2010	6,250		20	313	313	626	19
20	Remodel Lobby-Remove Wallpaper, Prep Walls, Install New Wallp	2010	5,832		20	292	292	584	20
21	Hair Salon-Installation Of New Plumbing	2010	3,445		20	172	172	344	21
22	Various Leasehold Improvements	2011	3,840		20	16	16	16	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Total Book Depreciation			22,173			(22,173)		33
34	TOTAL (lines 1 thru 33)		\$ 190,196	\$ 22,173		\$ 9,335	\$ (12,838)	\$ 28,711	34

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

Facility Name: COLES SUPPORTIVE LIVING

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

**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	Prior Period Adjustment			/ /	(2,173)			5
6	Allocated from APEX			/ /	2,173			6
7	<b>TOTAL</b>				\$			7

8. Is movable equipment rental included in building rental?

YES  NO

9. Rental amount for movable equipment \$ 10,603

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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	Lake Forest Bank & Trust		X	Mortgage	/ /	\$	6,453,855	/ /		\$ 477,420	
2					/ /			/ /			
3					/ /			/ /			
	<b>Working Capital</b>										
4	Venture Fund	X		Working Capital	/ /		2,811,435	/ /		152,134	
5	Allocated from APEX		X		/ /			/ /		747	
6					/ /			/ /			
7	<b>TOTAL Facility Related</b>					\$	9,265,290			\$ 630,301	
	<b>B. Non-Facility Related</b>										
8	Interest Income		X		/ /			/ /		-80	
9	Non-Allowable Interest	X			/ /			/ /		-152,134	
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	9,265,290			\$ 478,087	

\* 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.

COLES SUPPORTIVE LIVING  
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<b>Description</b>	<b>Amount</b>
Copier	6,762
Postage Meter Rental	1,453
Vehicle-2006 Ford Van used for resident transportation	1,341
Allocated from Management Office	1,047
	<u>10,603</u>

Facility Name: COLES SUPPORTIVE LIVING

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 55,534	\$ 179,189	1
2	Cash-Patient Deposits	9,167	9,167	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	624,138	624,138	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	61,080	61,080	6
7	Other Prepaid Expenses	15,611	15,611	7
8	Accounts Receivable (owners or related parties)	123,544	123,544	8
9	Other(specify):		4,000	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 889,074	\$ 1,016,729	10
	<b>B. Long-Term Assets</b>			
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	115,580	115,580	15
16	Equipment, at Historical Cost	124,050	268,014	16
17	Accumulated Depreciation (book methods)	(121,425)	(2,145,576)	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):	21,255	21,255	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 139,460	\$ 5,329,867	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,028,534	\$ 6,346,596	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 704,525	\$ 741,445	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	24,408	24,408	30
31	Accrued Taxes Payable	11,743	11,743	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 740,676	\$ 777,596	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	2,691,435	2,811,435	38
39	Mortgage Payable		6,453,855	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 2,691,435	\$ 9,265,290	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 3,432,111	\$ 10,042,886	45
46	<b>TOTAL EQUITY</b>	\$ (2,403,577)	\$ (3,696,290)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,028,534	\$ 6,346,596	47

\*(See instructions.)

COLES SUPPORTIVE LIVING

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**Page 7 Supplemental Schedule**

	<b>After</b>	
<b>Other Current Assets:</b>	<b>Operating</b>	<b>Consolidation</b>
Wip - Consulting Fees		4,000
		<u>4,000</u>
<b>Other Non-Current Assets:</b>		
Permanent Mortgage Costs		5,000
Amortization - Perm Mtg Costs		(5,000)
Deposits	21,255	21,255
	<u>21,255</u>	<u>21,255</u>

Facility Name: COLES SUPPORTIVE LIVING

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,509,186	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 3,509,186	3
<b>B. Other Operating Revenue</b>			
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
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	1	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 1	14
<b>D. Other Revenue (specify):</b>			
15	Misc. Income (Adjusted P3)	401	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 401	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,509,588	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	810,261	19
20	Health Care/ Personal Care	606,278	20
21	General Administration	767,009	21
<b>B. Capital Expense</b>			
22	Ownership	1,116,475	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 3,300,023	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ 209,565	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ 209,565	31

COLES SUPPORTIVE LIVING

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1/1/11-12/31/11

PAGE 4 RELATED ORGANIZATIONS

RELATED SLFs	CITY	OTHER RELATED BUSINESS ENTITIES	CITY	TYPE OF BUSINESS
AURORA SUPPORTIVE LIVING CENTER	AURORA	APEX HEALTHCARE SOLUTIONS LLC	LONG GROVE, IL	MANAGEMENT
JACKSON PARK SUPPORTIVE LIVING CENTER	CHICAGO	SIMPLY REHAB	SKOKIE, IL	THERAPY
ROBBINS SUPPORTIVE LIVING CENTER	ROBBINS	ARLINGTON REHAB AND LIVING CENTER	LONG GROVE, IL	SNF
ROCKFORD SUPPORTIVE LIVING CENTER	ROCKFORD	AURORA SUPPORTIVE LIVING CENTER	AURORA, IL	SNF
		KOLOB-CEDAR CITY	CEDAR CITY, UT	SNF
		KOLOB-ST GEORGE	ST GEORGE, UT	SNF
		CARVER LIVING CENTER	DURHAM, NC	SNF
		WILLOWRIDGE	RUTHERFORDTON, NC	SNF
		PINEVILLE REHAB & LIVING CENTER	PINEVILLE, NC	SNF
		RIDGEWOOD RLC, LLC	WASHINGTON, NC	SNF
		BROOMFIELD SKILLED NURSING	BROOMFIELD, CO	SNF





