

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

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 ID Number: 1000036

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:

Date Current Owners were Certified: 1/1/2016

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:

Name: Steven N. Lavenda Telephone Number: (847) 282 - 6300

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2017 to 12/31/2017 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)

* Subject to the attached Accountants' Consulting Report

(Print Name and Title)

(Firm Name & Address) Marcum LLP
Nine Parkway North, Suite 200 Deerfield, IL 60015

(Telephone) (847) 282-6300 Fax (847) 282-6301

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: 1/1/2017 Ending: 12/31/2017

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	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	37,747	829		38,576	5
6	Double Unit					6
7	Other					7
8	TOTALS	37,747	829		38,576	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.03%

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)
None

H. ACCOUNTING BASIS
ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO
Tax Year: 12/31/17 Fiscal Year: 12/31/17
* 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. _____

Facility Name: Coles Supportive Living

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	199,788	250,134	5,745	455,667		455,667	1
2	Housekeeping, Laundry and Maintenance	138,693	41,606	75,768	256,067	576	256,643	2
3	Heat and Other Utilities			137,797	137,797	785	138,582	3
4	Other (specify):							4
5	TOTAL General Services	338,481	291,740	219,310	849,531	1,361	850,892	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	405,879	2,941		408,820	3,679	412,499	6
7	Activities and Social Services	27,114	1,628	1,877	30,619		30,619	7
8	Other (specify):					679	679	8
9	TOTAL Health Care and Programs	432,993	4,569	1,877	439,439	4,358	443,797	9
	C. General Administration							
10	Administrative and Clerical	247,055	4,580	240,500	492,135	(129,915)	362,220	10
11	Marketing Materials, Promotions and Advertising	65,706		25,266	90,972	301	91,273	11
12	Employee Benefits and Payroll Taxes			159,834	159,834		159,834	12
13	Insurance-Property, Liability and Malpractice			66,017	66,017	1,585	67,602	13
14	Other (specify):					13,041	13,041	14
15	TOTAL General Administration	312,761	4,580	491,617	808,958	(114,988)	693,970	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,084,235	300,889	712,804	2,097,928	(109,269)	1,988,659	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					161,291	161,291	17
18	Interest					251,321	251,321	18
19	Real Estate Taxes			128,094	128,094		128,094	19
20	Rent -- Facility and Grounds			500,700	500,700	(494,239)	6,461	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			628,794	628,794	(81,627)	547,167	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,084,235	300,889	1,341,598	2,726,722	(190,896)	2,535,826	24

STATE OF ILLINOIS		Page 3A
Coles Supportive Living		
Report Period Beginning:	1/1/2017	
Ending:	12/31/2017	
		Sch. V Line
NON-ALLOWABLE EXPENSES		Amount
		Reference
1	Non-Straight Line Depreciation	\$ (251,738) 17 1
2	Capitalized R&M	(9,278) 02 2
3	Cable TV	(8,222) 2 3
4	Bank Charges	(10,388) 10 4
5	Use Tax	(390) 10 5
6	Misc Revenue	(424) 10 6
7		
8	MANAGEMENT OFFICE ALLOCATION	
9	Housekeeping/Main/Laundry	544 2 9
10	Utilities	785 3 10
11	Health Care/Personal Care	3,679 6 11
12	Health Care Emp Ben/Payroll Taxes	679 8 12
13	Administrative and General	88,615 10 13
14	Advertising and Marketing	301 11 14
15	Insurance	1,585 13 15
16	Admin Emp Benefits & Payroll Taxes	13,841 14 16
17	Building Rental	6,461 20 17
18	Management Office Allocation	(297,328) 10 18
19		
20	BUILDING COMPANY	
21	Rent	(506,700) 20 21
22	Interest Income	(125) 18 22
23	Asset Management Fee	17,324 02 23
24	Interest Expense	251,446 18 24
25	Depreciation and Amortization	413,029 17 25
26		
27		
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100		
101	Total	(190,896) 101

Facility Name: Coles Supportive Living

Report Period Beginning 1/1/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.32	\$ 33.44	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.54	10.19	3
4	Activity Director & Assistants	1.10	11.85	4
5	Social Service Workers			5
6	Head Cook	1.08	13.33	6
7	Cook Helpers/Assistants	7.35	11.10	7
8	Dishwashers			8
9	Maintenance Workers	0.69	13.85	9
10	Housekeepers	5.02	11.36	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.14	39.10	13
14	Clerical	4.46	16.62	14
15	Marketing	1.05	30.09	15
16	Other			16
17	Total (lines 1 thru 16)	35.76	\$ 14.58	17

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	

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

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? \$ 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: 1/1/2017 Ending: 12/31/2017

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	\$ 413,029	35	\$ 70,250	\$ (342,779)	\$ 140,500	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				9,270			464	464	464	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)				\$ 2,468,017	\$ 413,029		\$ 70,713	\$ (342,316)	\$ 140,964	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	\$ 896,253	\$	\$ 89,625	89,625		\$ 179,250	18
19	Vehicles	9,522		952	952		1,904	19
20	TOTAL (lines 18 and 19)	\$ 905,775	\$	\$ 90,577	90,577		\$ 181,154	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

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	2017	2,535		20	127	127	127	2
3	2017	2,980		20	149	149	149	3
4	2017	3,755		20	188	188	188	4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
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27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,270	\$		\$ 464	\$ 464	\$ 464	34

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

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
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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.

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
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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: 1/1/2017 Ending: 2/31/2017

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*		8. Is movable equipment rental included in building rental? YES NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ - 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.
4	Additions			/ /				4	
5				/ /				5	
6	Allocated from Grand Lifestyle			/ /	6,461			6	
7	TOTAL				\$ 6,461			7	

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	Mortgage	/ /	\$	5,132,620	/ /		\$ 252,540	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	5,132,620			\$ 252,540	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(1,219)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	5,132,620			\$ 251,321	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.

STATE OF ILLINOIS

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Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 401,023	\$ 458,619	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	689,355	929,723	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	44,333	64,333	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	13,791	172,538	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,148,502	\$ 1,625,213	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		896,253	16
17	Accumulated Depreciation (book methods)		(826,058)	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	29,156	2,469,156	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 29,156	\$ 5,303,098	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,177,658	\$ 6,928,311	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 80,253	\$ 150,332	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	55,884	55,884	30
31	Accrued Taxes Payable	124,560	124,560	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	132,406	132,406	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 393,103	\$ 463,182	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		5,132,620	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	29,881	29,881	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 29,881	\$ 5,162,501	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 422,984	\$ 5,625,683	45
46	TOTAL EQUITY	\$ 754,674	\$ 1,302,628	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,177,658	\$ 6,928,311	47

*(See instructions.)

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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	\$ 4,144,920	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,144,920	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	1,219	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,219	14
	D. Other Revenue (specify):		
15		424	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 424	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,146,563	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	849,531	19
20	Health Care/ Personal Care	439,439	20
21	General Administration	808,958	21
	B. Capital Expense		
22	Ownership	628,794	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)	\$ 2,726,722	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,419,841	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,419,841	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,905,373	32
33	Private Pay - Net Inpatient Revenue	1,239,547	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,144,920	37