

FOR BHF USE					

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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>1000023</u></p> <p>Facility Name: <u>Concord Place</u></p> <p>Address: <u>401 West Lake</u> <u>Northlake</u> <u>60164</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 562-9000</u> Fax # <u>(708) 409-2750</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>4/10/2003</u></p> <p>Type of Ownership:</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>IRS Exemption Code _____</td> <td><input checked="" 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 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: _____</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 checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input 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>1/1/2014</u> to <u>12/31/2014</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, 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></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) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, 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 Concord Place

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	124	Single Unit Apartment	124	45,260	1
2	20	Double Unit Apartment	20	7,300	2
3		Other			3
4	144	TOTALS	144	52,560	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	43,800	1,460		45,260	5
6	Double Unit	3,285	365		3,650	6
7	Other					7
8	TOTALS	47,085	1,825		48,910	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.06%

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)

Independent Living Apartments, Banquet Facilities

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2014 Fiscal Year: 12/31/2014

* 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: Concord Place

Report Period Beginning:

1/1/2014

Ending: 12/31/2014

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	786,513	806,329	4,740	1,597,582	(979,395)	618,187	1
2	Housekeeping, Laundry and Maintenance	391,402	135,257	436,253	962,912	(655,893)	307,019	2
3	Heat and Other Utilities			1,032,115	1,032,115	(702,489)	329,626	3
4	Other (specify):							4
5	TOTAL General Services	1,177,915	941,586	1,473,108	3,592,609	(2,337,777)	1,254,832	5
B. Health Care and Programs								
6	Health Care/ Personal Care	355,017	21,669		376,686		376,686	6
7	Activities and Social Services	177,422		19,567	196,989	(89,636)	107,353	7
8	Other (specify): Gift Shop							8
9	TOTAL Health Care and Programs	532,439	21,669	19,567	573,675	(89,636)	484,039	9
C. General Administration								
10	Administrative and Clerical	414,761	16,445	793,029	1,224,235	(926,791)	297,444	10
11	Marketing Materials, Promotions and Advertising	250,829		89,365	340,194	(196,737)	143,457	11
12	Employee Benefits and Payroll Taxes			537,216	537,216	(121,468)	415,748	12
13	Insurance-Property, Liability and Malpractice			229,094	229,094	(156,273)	72,821	13
14	Other (specify): Gift Shop Expense			5,980	5,980		5,980	14
15	TOTAL General Administration	665,590	16,445	1,654,684	2,336,719	(1,401,269)	935,450	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	2,375,944	979,700	3,147,359	6,503,003	(3,828,682)	2,674,321	16
Capital Expenses								
D. Ownership								
17	Depreciation			198,817	198,817	188,941	387,758	17
18	Interest			179,689	179,689	192,058	371,747	18
19	Real Estate Taxes					87,024	87,024	19
20	Rent -- Facility and Grounds			1,768,695	1,768,695	(1,768,695)	(0)	20
21	Rent -- Equipment			667	667	(488)	179	21
22	Other (specify):							22
23	TOTAL Ownership			2,147,868	2,147,868	(1,301,161)	846,707	23
24	GRAND TOTAL (Sum of lines 16 and 23)	2,375,944	979,700	5,295,227	8,650,871	(5,129,843)	3,521,028	24

Concord Place

Report Period Beginning: 1/1/2014
Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (60,263)	17	1
2	Office Room Rentals	(25,325)	10	2
3	Residents Phone Revenue	(38,260)	10	3
4	Food Sales	(19,896)	01	4
5	Off-Site Catering	(441,532)	01	5
6	Misc. Income	(2,120)	10	6
7	Misc. Income-Residents	(4,667)	10	7
8	Discounts Earned	(3,450)	10	8
9	Food Service-Liquor	(346)	01	9
10	Beverage Cost- Liquor	(1,460)	01	10
11	Bank Charges	(12,497)	10	11
12	Meals & Entertainment	(560)	10	12
13	Management Fees	(432,000)	10	13
14	Keys, Locks, & Doors/Banquets	(1,582)	02	14
15	Insurance - Liquor Liability	(1,078)	13	15
16	Interest Expense	(178,956)	18	16
17	PY Equipment Rental	(105)	21	17
18	Building Co. - Rental Income	(1,768,695)	20	18
19	Building Co. - Interest Income	(733)	18	19
20	Building Co. - Depreciation-Cap. Improvements	249,204	17	20
21	Building Co. - Real Estate Taxes	272,488	19	21
22	Building Co. - Interest Expense	1,164,004	18	22
23				23
24	Non-Care Allocation			24
25	Dietary	(516,161)	01	25
26	Houskeeping, Laundry, Maintenance	(654,311)	02	26
27	Utilities	(702,489)	03	27
28	Activities & Social Service	(89,636)	07	28

29	Administrative & Clerical	(407,912)	10	29
30	Sales and Marketing	(196,737)	11	30
31	Employee Benefits	(121,468)	12	31
32	Insurance	(155,195)	13	32
33	Interest	(792,257)	18	33
34	Real Estate Taxes	(185,464)	19	34
35	Equipment Rental	(383)	21	35
36				36
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99			99
100			100

101	Total	(5,129,843)	101
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Facility Name: Concord Place

Report Period Beginning 1/1/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 26.38	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	13.99	10.31	3
4	Activity Director & Assistants	2.00	42.65	4
5	Social Service Workers			5
6	Head Cook	2.49	15.18	6
7	Cook Helpers/Assistants	32.54	9.10	7
8	Dishwashers	5.04	8.82	8
9	Maintenance Workers	3.95	13.58	9
10	Housekeepers	12.58	10.69	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.03	51.75	13
14	Clerical	5.84	16.16	14
15	Marketing	3.00	40.20	15
16	Other			16
17	Total (lines 1 thru 16)	84.45	\$ 13.53	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
				Total	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
		Total
		3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
N/A			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
I.H.S. Real Estate, LLC				Building Co.	
F&F Realty		Skokie		Management	

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: Concord Place

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 201,301 Year land was acquired 1986

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	144		1986	1974	\$ 1,151,851	\$ 249,204	35	\$ 32,910	\$ (216,294)	\$ 987,301	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				1,736,787	198,817		86,843	86,843	787,044	6
7	Various		1988		33,891		20			33,891	7
8	Various		1991		3,461		20			3,461	8
9	Various		1992		2,960		20			2,960	9
10	Various		1995		2,858		20	143	143	2,716	10
11	Various		1996		11,419		20	571	571	10,277	11
12	Various		1997		9,154		20	458	458	7,780	12
13	Various		1998		44,693		20	2,235	2,235	35,755	13
14	Various		1999		224,924		20	11,247	11,247	168,694	14
15	Various		2000		685,460		20	34,273	34,273	479,822	15
16	Various		2001		175,089		20	8,754	8,754	113,807	16
17	TOTAL (lines 1 thru 16)				\$ 4,082,547	\$ 448,021		\$ 177,434	\$ (71,770)	\$ 2,633,508	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	\$ 197,680	\$	\$ 11,507	11,507	10	\$ 163,779	18
19	Vehicles	30,715				5	13,869	19
20	TOTAL (lines 18 and 19)	\$ 228,395	\$	\$ 11,507	11,507		\$ 177,648	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	Non-Care	\$ 8,509,908	\$ \$ -	\$ \$ -	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 8,509,908	\$	\$	24

STATE OF ILLINOIS

Facility Name & ID Number Concord Place

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	Various	2002	595,044	20	29,752	29,752	
3	Various	2003	436,624	20	21,831	21,831	
4	Various	2004	7,850	20	393	393	
5	Various	2005	59,493	20	2,975	2,975	
6	Various	2006	52,369	20	2,619	2,619	
7	Electrical Work	2007	1,220	20	61	61	
8	Folding Partion Wall	2007	8,678	20	434	434	
9	New Fire Suppression System	2007	5,990	20	300	300	
10	Professional Fees	2007	3,850	20	193	193	
11	Folding Partion Wall	2007	14,520	20	726	726	
12	Concrete Removal	2007	1,761	20	88	88	
13	New Concrete Sidewalks	2007	3,080	20	154	154	
14	Various Carpet	2007	20,803	20	1,040	1,040	
15	Ac Repair	2007	11,585	20	579	579	
16	Carpeting	2007	6,114	20	306	306	
17	Water Coil	2008	4,405	20	220	220	
18	Ceiling Tiles	2008	2,967	20	148	148	
19	Steam Coils	2008	2,710	20	136	136	
20	Piping Work	2008	3,394	20	170	170	
21	Windows	2008	3,850	20	193	193	
22	Fire Alarm System	2008	2,997	20	150	150	
23	Roof Replacement	2009	58,900	20	2,945	2,945	
24	Bricks	2009	9,428	20	471	471	
25	Flashing (Roof Project)	2009	10,113	20	506	506	
26	Design - Lane Studio	2009	2,925	20	146	146	
27	Engineer Drawings	2009	3,238	20	162	162	
28	Parking Lot Resurfacing	2009	29,771	20	1,489	1,489	
29	F & F Development	2009	31,064	20	1,553	1,553	
30	Windows Repair	2009	2,600	20	130	130	
31	Windows Repair	2009	7,400	20	370	370	
32	Smoke Detector Repair	2010	3,526	20	176	176	
33	A/C Repair- Valve & Actuator	2010	4,250	20	213	213	
34	TOTAL (lines 1 thru 33)		\$ 1,412,519	\$	\$ 70,629	\$ 70,629	\$

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

9	
Accumulated depreciation	
	1
357,026	2
240,143	3
3,926	4
26,773	5
20,948	6
427	7
3,038	8
2,098	9
1,349	10
5,082	11
616	12
1,078	13
7,281	14
4,054	15
1,835	16
1,321	17
889	18
814	19
1,019	20
1,156	21
899	22
14,725	23
2,356	24
2,529	25
731	26
810	27
7,444	28
7,766	29
650	30
1,850	31
705	32
851	33
722,189	34

STATE OF ILLINOIS

Facility Name & ID Number Concord Place

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	2010	4,934		20	247	247	
3	2010	100,421		20	5,021	5,021	
4	2010	47,817		20	2,391	2,391	
5	2011	150,000		20	7,500	7,500	
6	2011	11,992		20	600	600	
7	2011	2,536		20	127	127	
8	2011	2,826		20	141	141	
9	2011	3,742		20	187	187	
10							
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32							
33							
34	TOTAL (lines 1 thru 33)		\$ 324,268	\$	\$ 16,214	\$ 16,214	\$

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

9	
Accumulated	
depreciation	
	1
987	2
20,084	3
9,564	4
30,000	5
2,399	6
508	7
565	8
748	9
	10
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64,855	34

STATE OF ILLINOIS

Facility Name & ID Number Concord Place

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2							
3							
4							
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32							
33							
34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
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Facility Name: Concord Place

Report Period Beginning: 1/1/2014

Ending: 2/31/2014

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				/ /				6
7	TOTAL				\$			7

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

9. Rental amount for movable equipment \$ 179

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	Prudential Financial		X	Mortgage	/ /	\$	17,870,995	/ /		\$ 1,164,737
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Susie Friedman		X		/ /		805,890	/ /		
5	David Friedman		X		/ /		11,950	/ /		
6	Non-Care Allocation				/ /			/ /		-792,257
7	TOTAL Facility Related					\$	18,688,835			\$ 372,480
	B. Non-Facility Related									
8	Interest Income - Bldg Co.		X		/ /			/ /		(733)
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$	18,688,835			\$ 371,747

* 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: **Concord Place**Report Period Beginning: **1/1/2014**Ending: **12/31/2014****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2014**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 717,964	\$ 717,964	1
2	Cash-Patient Deposits	5,912	5,912	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	912,561	912,561	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	89,135	89,135	6
7	Other Prepaid Expenses	23,979	23,979	7
8	Accounts Receivable (owners or related parties)	1,680,248	365,624	8
9	Other(specify):	303,270	2,018,329	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,733,069	\$ 4,133,504	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		629,065	13
14	Buildings, at Historical Cost		3,599,535	14
15	Leasehold Improvements, at Historical Cost	3,149,541	10,037,191	15
16	Equipment, at Historical Cost	1,524,972	1,524,972	16
17	Accumulated Depreciation (book methods)	(1,837,700)	(8,815,150)	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):		40,730	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,836,813	\$ 7,016,343	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,569,882	\$ 11,149,847	25

		1	2
		Operating	After Consolidation*
	C. Current Liabilities		
26	Accounts Payable	\$ 364,657	\$ 364,657
27	Officer's Accounts Payable		
28	Accounts Payable-Patient Deposits	25,499	25,499
29	Short-Term Notes Payable		
30	Accrued Salaries Payable	18,766	18,766
31	Accrued Taxes Payable		273,784
32	Accrued Interest Payable	2,505,554	2,603,581
33	Deferred Compensation		
34	Federal and State Income Taxes		
	Other Current Liabilities(specify):		
35			
36	See Attached	870,347	870,347
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,784,823	\$ 4,156,634
	D. Long-Term Liabilities		
38	Long-Term Notes Payable	817,840	817,840
39	Mortgage Payable		17,870,995
40	Bonds Payable		
41	Deferred Compensation		
	Other Long-Term Liabilities(specify):		
42			
43	See Attached	17,350,307	3,957,031
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 18,168,147	\$ 22,645,866
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 21,952,970	\$ 26,802,500
46	TOTAL EQUITY	\$ (15,383,088)	\$ (15,652,653)
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,569,882	\$ 11,149,847

*(See instructions.)

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Facility Name: Concord Place

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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	\$ 8,487,037	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 8,487,037	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	12,532	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 12,532	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	See Attached	3,160,019	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,160,019	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 11,659,588	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	3,592,609	19
20	Health Care/ Personal Care	573,675	20
21	General Administration	2,336,719	21
B. Capital Expense			
22	Ownership	2,147,868	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Banquet Expenses	2,230,369	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 10,881,240	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 778,348	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 778,348	31