

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2006  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2006)**

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 Name: Concord Place

Address: 401 West Lake Northlake 60164  
Number City Zip Code

County: Cook

Telephone Number: (708) 562-9000 Fax # (708) 409-2750

Federal Employer ID Number: 36-3489309

Date Current Owners were Certified: 4/10/2003

Type of Ownership:

<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 _____	

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

Name: Steve Lavenda Telephone Number: (847) 236 - 1111

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2006 to 12/31/2006 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) _____
	(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>	
	(Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C. 111 Pflugsten Road, Suite 300 Deerfield, IL 60015</u>	
	(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	

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 Concord Place

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

**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	14,600	2
3		Other			3
4	144	TOTALS	144	59,860	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	38,690	2,920		41,610	5
6	Double Unit	1,460	1,825		3,285	6
7	Other					7
8	TOTALS	40,150	4,745		44,895	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 75.00%

D. Indicate the number of paid bed-hold days the SLF had during this year \_\_\_\_\_  
 Also, indicate the number of unpaid bed-hold days the SLF had during this year. \_\_\_\_\_ **(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: 12/31/06 Fiscal Year: 12/31/06

\* 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? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

If no, explain. \_\_\_\_\_

Facility Name: Concord Place

Report Period Beginning:

1/1/2006

Ending: 12/31/2006

## 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	492,283	403,499	896	896,678	(457,988)	438,690	1
2	Housekeeping, Laundry and Maintenance	234,550	76,659	389,458	700,667	(477,891)	222,776	2
3	Heat and Other Utilities			848,259	848,259	(577,351)	270,908	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>726,833</b>	<b>480,158</b>	<b>1,238,613</b>	<b>2,445,604</b>	<b>(1,513,230)</b>	<b>932,374</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	272,528	2,812		275,340		275,340	6
7	Activities and Social Services	86,612		8,728	95,340	(47,003)	48,337	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>359,140</b>	<b>2,812</b>	<b>8,728</b>	<b>370,680</b>	<b>(47,003)</b>	<b>323,677</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	231,390	21,004	754,218	1,006,612	(832,567)	174,045	10
11	Marketing Materials, Promotions and Advertising			500	500	(500)		11
12	Employee Benefits and Payroll Taxes			308,733	308,733	(127,001)	181,732	12
13	Insurance-Property, Liability and Malpractice			357,211	357,211	(357,211)		13
14	Other (specify):			2,585	2,585		2,585	14
15	<b>TOTAL General Administration</b>	<b>231,390</b>	<b>21,004</b>	<b>1,423,247</b>	<b>1,675,641</b>	<b>(1,317,279)</b>	<b>358,362</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,317,363</b>	<b>503,974</b>	<b>2,670,588</b>	<b>4,491,925</b>	<b>(2,877,512)</b>	<b>1,614,413</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			323,557	323,557	(145,884)	177,673	17
18	Interest			1,469,160	1,469,160	(1,359,055)	110,105	18
19	Real Estate Taxes			166,087	166,087	(113,044)	53,043	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			4,502	4,502	(3,064)	1,438	21
22	Other (specify):			4,151	4,151	(2,825)	1,326	22
23	<b>TOTAL Ownership</b>			<b>1,967,457</b>	<b>1,967,457</b>	<b>(1,623,872)</b>	<b>343,585</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,317,363</b>	<b>503,974</b>	<b>4,638,045</b>	<b>6,459,382</b>	<b>(4,501,384)</b>	<b>1,957,998</b>	<b>24</b>

Concord Place  
 Report Period Beginning: 1/1/2006  
 Ending: 12/31/2006

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line	
			Reference	
1	Non-Straight Line Depreciation	(145,884)	17	1
2	Office Room Rentals	(35,900)	10	2
3	Resident Phone Revenue	(69,657)	10	3
4	Food Sales	(19,105)	01	4
5	Outside Catering	(10,872)	01	5
6	Rooftop Rental	(315,778)	13	6
7	Billboard Rental	(21,167)	13	7
8	Misc. Income	(964)	10	8
9	Misc. Income - Residents	(892)	10	9
10	Food Services - Liquor	(402)	01	10
11	Travel & Entertainment	(1,415)	10	11
12	Sales & Marketing	(18,403)	10	12
13	Beverage Cost - Liquor	(1,023)	01	13
14	Referral Commissions	(1,500)	11	14
15	Bad Debts	(631)	10	15
16	Bank Charges	(250)	10	16
17	Penalties	(407)	10	17
18	Holiday Gifts & Expenses	(2,872)	10	18
19	Loss & Damage Expense	(1,700)	10	19
20	Management Fees	(432,241)	10	20
21	Keys, Locks, Doors - Banquet	(3,119)	02	21
22	Insurance - Liquor Liability	(741)	13	22
23	Non-Allowable Interest Expense	(1,111,730)	18	23
24	Interest Income	(12,673)	18	24
25	Nondeductible Penalties	(2,001)	10	25
26	IL Income Tax	(20,010)	10	26
27	Income From Umbrella Insurance	(19,525)	13	27
28				28
29	Non-Care Allocation:			29
30	Dietary	(426,586)	01	30
31	Housekeeping, Laundry, Maintenance	(474,772)	02	31
32	Utilities	(577,351)	03	32
33	Activities, Social Service	(47,003)	07	33
34	A&G	(345,224)	10	34
35	Employee Benefits	(127,001)	12	35
36	Interest	(234,652)	18	36
37	Real Estate Tax	(113,044)	19	37
38	Equipment Rental	(3,064)	21	38
39	Amortization of Loan Costs	(2,825)	22	39
40				40
41				41
42				42
43				43
44				44
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94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	Total	(4,501,384)		101

Facility Name: Concord Place

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.48	\$ 19.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10.87	9.47	3
4	Activity Director & Assistants	2.16	19.26	4
5	Social Service Workers			5
6	Head Cook	1.95	12.65	6
7	Cook Helpers/Assistants	24.87	7.57	7
8	Dishwashers	3.31	7.18	8
9	Maintenance Workers	2.85	15.21	9
10	Housekeepers	7.73	8.98	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	63.72	13
14	Clerical	4.49	10.58	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>60.70</b>	<b>\$ 10.43</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	N/A			\$	1	
2					2	
3					3	
4					4	
5					5	
				<b>Total</b>	<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
<b>Total</b>		<b>\$ 3</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	1	City	2
N/A			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
F&F Realty		Skokie, IL		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:

1/1/2006

Ending:

12/31/2006

## 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	164		1986	1974	\$ 1,151,851	\$	35	\$ 32,910	\$ 32,910	\$ 724,021	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				454,423	246,303		22,721	(223,582)	10,015	6
7	Limp			2000	646,883		20	32,344	32,344	226,409	7
8	Carpet			2000	38,577		20	1,929	1,929	13,502	8
9	Limp			2001	167,645		20	8,382	8,382	50,294	9
10	Carpet			2001	7,444		20	372	372	2,233	10
11	Limp			2002	581,348		20	29,067	29,067	145,337	11
12	Carpet			2002	12,204		20	610	610	3,051	12
13	Signs			2002	1,492		20	75	75	373	13
14	Limp			2003	415,573		20	20,779	20,779	83,115	14
15	Carpet			2003	14,478		20	724	724	2,896	15
16	Carpet			2003	5,224		20	261	261	1,045	16
17	TOTAL (lines 1 thru 16)				\$ 3,497,142	\$ 246,303		\$ 150,174	\$ (96,129)	\$ 1,262,290	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	\$ 251,002	\$ 75,843	\$ 24,725	(51,118)	10	\$ 126,515	18
19	Vehicles	30,715	1,411	2,774	1,363	5	10,562	19
20	TOTAL (lines 18 and 19)		\$ 281,716	\$ 77,254	\$ 27,499		\$ 137,077	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

Facility Name &amp; ID Number      Concord Place

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

**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	Signs	2003	1,188		20	59	59	238	2
3	Signs	2003	161		20	8	8	32	3
4	Leasehold Improvement	2004	7,525		20	376	376	1,129	4
5	Carpet	2004	154		20	8	8	23	5
6	Signs	2004	171		20	9	9	26	6
7	Building Improvement	2005	59,493		20	2,975	2,975	5,949	7
8	Carpet	2006	1,351		20	68	68	68	8
9	Signs	2006	1,270		20	64	64	64	9
10	Building Improvement	2006	49,748		20	2,487	2,487	2,487	10
11									11
12									12
13									13
14	Leasehold Improvement	1988	33,891		20	1,695	1,695		14
15	Carpet	1991	3,461		20	173	173		15
16	Leasehold Improvement	1992	2,960		20	148	148		16
17	Carpet	1995	2,858		20	143	143		17
18	Leasehold Improvement	1996	2,534		20	127	127		18
19	Carpet	1996	8,885		20	444	444		19
20	Paving	1997	7,873		20	394	394		20
21	Carpet	1997	1,281		20	64	64		21
22	Paving	1998	6,842		20	342	342		22
23	Leasehold Improvement	1998	26,280		20	1,314	1,314		23
24	Carpet	1998	11,571		20	579	579		24
25	Leasehold Improvement	1999	195,453		20	9,773	9,773		25
26	Carpet	1999	29,471		20	1,474	1,474		26
27									27
28	Current Book Depreciation			246,303			(246,303)		28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 454,423	\$ 246,303		\$ 22,721	\$ (223,582)	\$ 10,015	34

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

Facility Name & ID Number      Concord Place

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

**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
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	34

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

Facility Name & ID Number      Concord Place

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

**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
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31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	34

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

Facility Name: **Concord Place**

Report Period Beginning: **1/1/2006**

Ending: **2/31/2006**

**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	<b>TOTAL</b>				\$			7

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

9. Rental amount for movable equipment \$ 1,437

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	MidNorth		X	Mortgage	/ /	\$	\$			\$ 76,883 1
2	Midwest Bank		X	Mortgage	/ /			/ /		278,312 2
3	Crysler Corp		X	Auto	/ /		2,335	/ /		394 3
<b>Working Capital</b>										
4	Corrus Bank		X	Phone System	/ /		24,651	/ /		1,648 4
5	Cannon Financial		X	Copier	/ /			/ /		43 5
6	Other Interest Expense		X		/ /			/ /		150 6
7	<b>TOTAL Facility Related</b>					\$	\$ 26,986			\$ 357,430 7
<b>B. Non-Facility Related</b>										
8	Interest Income				/ /			/ /		(12,673) 8
9	Allocation To Non-Care				/ /			/ /		(234,652) 9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$ 26,986			\$ 110,105 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: Concord Place

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

12/31/2006

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,589,118	\$	1
2	Cash-Patient Deposits	3,027		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,170,697		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	141,590		6
7	Other Prepaid Expenses	115,014		7
8	Accounts Receivable (owners or related parties)	1,000		8
9	Other(specify): <a href="#">See Attached</a>	413,494		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 4,433,940	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	629,065		13
14	Buildings, at Historical Cost	3,722,611		14
15	Leasehold Improvements, at Historical Cost	7,192,570		15
16	Equipment, at Historical Cost	945,819		16
17	Accumulated Depreciation (book methods)	(6,164,316)		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): <a href="#">See Attached</a>	100,934		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 6,426,683	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 10,860,623	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 259,701	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,962		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	110,516		31
32	Accrued Interest Payable	1,721,147		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	344,438		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 2,464,764	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	26,986		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<a href="#">See Attached</a>	27,036,296		43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 27,063,282	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 29,528,046	\$	45
46	<b>TOTAL EQUITY</b>	\$ (18,667,423)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 10,860,623	\$	47

\*(See instructions.)

Facility Name

Concord Place

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

## Supplemental Schedule of Other Assets and Liabilities

Other Current Assets:	<u>Operating</u>	<u>After Consolidation</u>	Other Current Liabilities	<u>Operating</u>	<u>After Consolidation</u>
09A Due from Various	412,436	-	36A Due to Various	-	-
09B Suspense	1,058	-	36B Contract Labor Withholding	1,466	-
09C	-	-	36C Prepaid Banquet Monies	57,532	-
09D	-	-	36D Security Deposit	284,190	-
09E	-	-	36E Security Deposit-Banquets	1,250	-
09F	-	-	36F	-	-
09G	-	-	36G	-	-
09H	-	-	36H	-	-
09I	-	-	36I	-	-
09J	-	-	36J	-	-
	<u>413,494</u>	<u>-</u>		<u>344,438</u>	<u>-</u>
	<u>413,494</u>	<u>-</u>		<u>344,438</u>	<u>-</u>
Other Non-Current Assets:	<u>Operating</u>	<u>After Consolidation</u>	Other Non-Current Liabilities	<u>Operating</u>	<u>After Consolidation</u>
23A Mortgage/Loan Costs	100,934	-	43A Due to Various	27,036,296	-
23B	-	-	43B	-	-
23C	-	-	43C	-	-
23D	-	-	43D	-	-
23E	-	-	43E	-	-
23F	-	-	43F	-	-
23G	-	-	43G	-	-
23H	-	-	43H	-	-
23I	-	-	43I	-	-
23J	-	-	43J	-	-
	<u>100,934</u>	<u>-</u>		<u>27,036,296</u>	<u>-</u>
	<u>100,934</u>	<u>-</u>		<u>27,036,296</u>	<u>-</u>

Facility Name: Concord Place

Report Period Beginning: 1/1/2006

Ending: 12/31/2006

**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	\$ 6,743,759	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 6,743,759	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	6,115	10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 6,115	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	12,673	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 12,673	14
<b>D. Other Revenue (specify):</b>			
15	See Attached	1,996,567	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 1,996,567	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 8,759,114	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	2,445,604	19
20	Health Care/ Personal Care	370,680	20
21	General Administration	1,675,641	21
<b>B. Capital Expense</b>			
22	Ownership	1,967,457	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Banquet Expenses	1,301,179	26
27	Marketing Expenses	314,567	27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 8,075,128	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ 683,986	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ 683,986	31

Facility Name

Concord Place

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

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**Supplemental Schedule of Other Revenue & Expense**

15A Meeting-Room Rental	276,088
15B Meeting-Equipment Rental	44,546
15C Office Room Rentals	35,900
15D Residents Phone Revenue	69,657
15E Food Sales/Resident	19,105
15F Food Sales-Banquet-Non Kosher	374,803
15G Food Sales-Banquet-Kosher	558,132
15H Beverage Sales-Banquet-Non Kosher	15,768
15I Beverage Sales-Banquet-Kosher	23,959
15J Outside Catering	10,872
15K Rooftop Rental	315,778
15L Billboard Rentals/Land	21,167
15M Miscellaneous Income	964
15N Misc. Inc. - Residents	892
15O Misc. Inc. - Banquet - Non Kosher	55,850
15P Misc. Inc. - Banquet - Kosher	33,311
15Q Gratuities - Non Kosher	68,041
15R Gratuities - Kosher	36,701
15S Insurance - Umbrella	35,033
	<hr/>
	1,996,567
	<hr/>