

		FOR BHF USE			

LL2

Supportive Living Facility
2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)

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.</p> <p>Facility Name: <u>Concord Place</u></p> <p>Address: <u>401 West Lake</u> <u>Northlake</u> <u>60164</u> Number City Zip Code</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: <u>36-3489309</u></p> <p>Date Current Owners were Certified: <u>4/10/2003</u></p> <p>Type of Ownership:</p> <table border="0"> <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: <u>slavenda@frronline.com</u></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>1/1/2008</u> to <u>12/31/2008</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 border="1"> <tr> <td rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> <td></td> </tr> </table> <p>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) _____	(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 & Rothblatt, P.C.</u> <u>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: 1/1/2008 Ending: 12/31/2008

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	45,384	1
2	20	Double Unit Apartment	20	7,320	2
3		Other		259	3
4	144	TOTALS	144	52,963	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	42,090	2,196		44,286	5
6	Double Unit	1,830	1,098		2,928	6
7	Other					7
8	TOTALS	43,920	3,294		47,214	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.15%

D. Indicate the number of paid bed-hold days the SLF had during this year 1,104 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: 12/31/08 Fiscal Year: 12/31/08

* 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:

1/1/2008

Ending: 12/31/2008

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	574,015	478,102	1,242	1,053,359	(550,467)	502,892	1
2	Housekeeping, Laundry and Maintenance	271,428	96,883	330,782	699,093	(484,186)	214,907	2
3	Heat and Other Utilities			1,122,155	1,122,155	(763,773)	358,382	3
4	Other (specify):							4
5	TOTAL General Services	845,443	574,985	1,454,179	2,874,607	(1,798,426)	1,076,181	5
B. Health Care and Programs								
6	Health Care/ Personal Care	344,727	3,843		348,570		348,570	6
7	Activities and Social Services	108,999		11,027	120,026	(51,205)	68,821	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	453,726	3,843	11,027	468,596	(51,205)	417,391	9
C. General Administration								
10	Administrative and Clerical	275,197	15,657	807,233	1,098,087	(817,112)	280,975	10
11	Marketing Materials, Promotions and Advertising			249,257	249,257	(130,743)	118,514	11
12	Employee Benefits and Payroll Taxes			266,451	266,451	(127,001)	139,450	12
13	Insurance-Property, Liability and Malpractice			346,250	346,250	(342,356)	3,894	13
14	Other (specify):			8,021	8,021		8,021	14
15	TOTAL General Administration	275,197	15,657	1,677,212	1,968,066	(1,417,212)	550,854	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,574,366	594,485	3,142,418	5,311,269	(3,266,843)	2,044,426	16
Capital Expenses								
D. Ownership								
17	Depreciation			78,543	78,543	105,862	184,405	17
18	Interest			50,952	50,952	345,407	396,359	18
19	Real Estate Taxes					87,924	87,924	19
20	Rent -- Facility and Grounds			1,696,355	1,696,355	(1,696,355)		20
21	Rent -- Equipment			966	966	(657)	309	21
22	Other (specify):							22
23	TOTAL Ownership			1,826,816	1,826,816	(1,157,819)	668,997	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,574,366	594,485	4,969,234	7,138,085	(4,424,662)	2,713,423	24

Facility Name: Concord Place

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.60	\$ 27.77	1
2	Licensed Practical Nurses	-		2
3	Certified Nurse Assistants	12.74	9.51	3
4	Activity Director & Assistants	2.92	17.92	4
5	Social Service Workers	-		5
6	Head Cook	2.02	13.84	6
7	Cook Helpers/Assistants	26.50	8.20	7
8	Dishwashers	3.92	7.83	8
9	Maintenance Workers	3.26	14.33	9
10	Housekeepers	9.09	9.21	10
11	Laundry	-		11
12	Managers	-		12
13	Other Administrative	2.02	39.30	13
14	Clerical	4.24	12.46	14
15	Marketing	-		15
16	Other	-		16
17	Total (lines 1 thru 16)	68.32	\$ 11.08	17

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

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

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$
2		
Total		\$

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>
N/A	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
I.H.S. Real Estate, LLC		Building Co.
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: 1/1/2008

Ending: 12/31/2008

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	\$	35	\$ 32,910	\$ 32,910	\$ 789,841	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				1,424,394	78,543		71,220	(7,323)	439,475	6
7	Various			2000	685,460		20	34,273	34,273	308,457	7
8	Various			1988	33,891		20	1,695	1,695	35,585	8
9	Various			1991	3,461		20	173	173	3,115	9
10	Various			1992	2,960		20	148	148	2,516	10
11	Various			1995	2,858		20	143	143	2,001	11
12	Various			1996	11,419		20	571	571	7,422	12
13	Various			1997	9,154		20	458	458	5,492	13
14	Various			1998	44,693		20	2,235	2,235	24,581	14
15	Various			1999	224,924		20	11,246	11,246	112,462	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,595,065	\$ 78,543		\$ 155,072	\$ 76,529	\$ 1,730,947	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	\$ 305,101	\$	\$ 27,679	27,679	10	\$ 180,836	18
19	Vehicles	30,715		1,654	1,654	5	13,870	19
20	TOTAL (lines 18 and 19)	\$ 335,816	\$	\$ 29,333	29,333		\$ 194,705	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 & ID Number Concord Place

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

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	Limp	2001	167,645		20	8,382	8,382	67,058	2
3	Carpet	2001	7,444		20	372	372	2,977	3
4	Limp	2002	581,348		20	29,067	29,067	203,472	4
5	Carpet	2002	12,204		20	610	610	4,271	5
6	Signs	2002	1,492		20	75	75	522	6
7	Limp	2003	415,573		20	20,779	20,779	124,672	7
8	Carpet	2003	14,478		20	724	724	4,343	8
9	Carpet	2003	5,224		20	261	261	1,567	9
10	Signs	2003	1,188		20	59	59	356	10
11	Signs	2003	161		20	8	8	48	11
12	Limp	2004	7,525		20	376	376	1,881	12
13	Carpet	2004	154		20	8	8	38	13
14	Signs	2004	171		20	9	9	43	14
15	Building Improvement	2005	59,493		20	2,975	2,975	11,899	15
16	Carpet	2006	1,351		20	68	68	203	16
17	Signs	2006	1,270		20	64	64	191	17
18	Building Improvement	2006	49,748		20	2,487	2,487	7,462	18
19	Electrical Work	2007	1,220		20	61	61	122	19
20	Folding Partion Wall	2007	8,678		20	434	434	868	20
21	New Fire Suppression System	2007	5,990		20	300	300	599	21
22	Professional Fees	2007	3,850		20	193	193	385	22
23	Folding Partion Wall	2007	14,520		20	726	726	1,452	23
24	Concrete Removal	2007	1,761		20	88	88	176	24
25	New Concrete Sidewalks	2007	3,080		20	154	154	308	25
26	Various Carpet	2007	20,803		20	1,040	1,040	2,080	26
27	Ac Repair	2007	11,585		20	579	579	1,158	27
28	Carpeting	2007	6,114		20	306	306	306	28
29	Water Coil	2008	4,405		20	220	220	220	29
30	Ceiling Tiles	2008	2,967		20	148	148	148	30
31	Steam Coils	2008	2,710		20	136	136	136	31
32	Piping Work	2008	3,394		20	170	170	170	32
33	Total Book Depreciation	2008	3,850	78,543	20	193	(78,351)	193	33
34	TOTAL (lines 1 thru 33)		\$ 1,421,397	\$ 78,543		\$ 71,070	\$ (7,473)	\$ 439,325	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: 1/1/2008 Ending: 12/31/2008

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	2008	2,997		20	150	150	150	2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$ 2,997	\$	\$ 150	\$ 150	\$ 150	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:

1/1/2008

Ending:

12/31/2008

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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26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

Facility Name: Concord Place

Report Period Beginning: 1/1/2008

Ending: 2/31/2008

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 \$ 309

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	/ /	\$	\$ 19,567,548	/ /		\$ 1,275,288	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Corrus Bank		X	Phone System	/ /			/ /		57	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$ 19,567,548			\$ 1,275,345	7
	B. Non-Facility Related										
8	Allocation to Non-Care				/ /			/ /		(844,708)	8
9	Interest Income				/ /			/ /		(34,278)	9
10	TOTALS (lines 7, 8 and 9)					\$	\$ 19,567,548			\$ 396,359	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: **1/1/2008**Ending: **12/31/2008****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/08**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 1,054,550	\$ 1,054,550	1
2	Cash-Patient Deposits	4,027	4,027	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,908,967	1,908,967	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	105,285	105,285	6
7	Other Prepaid Expenses	105,852	105,852	7
8	Accounts Receivable (owners or related parties)	457,000	457,000	8
9	Other(specify): See Attached	70,377	14,132,085	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,706,058	\$ 17,767,766	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	497,131	7,384,781	15
16	Equipment, at Historical Cost	1,001,308	1,001,308	16
17	Accumulated Depreciation (book methods)	(1,310,181)	(6,530,511)	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):		196,242	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 188,258	\$ 6,280,420	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,894,316	\$ 24,048,186	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 394,703	\$ 394,703	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	91,824	91,824	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	54,919	54,919	30
31	Accrued Taxes Payable	253	214,884	31
32	Accrued Interest Payable	1,865,877	1,865,877	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35				35
36	See Attached	260,332	368,880	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,667,908	\$ 2,991,087	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable			38
39	Mortgage Payable		19,567,548	39
40	Bonds Payable			40
41	Deferred Compensation			41
Other Long-Term Liabilities(specify):				
42				42
43	See Attached	16,298,868	16,754,868	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 16,298,868	\$ 36,322,416	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 18,966,776	\$ 39,313,503	45
46	TOTAL EQUITY	\$ (15,072,460)	\$ (15,265,317)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,894,316	\$ 24,048,186	47

*(See instructions.)

Facility Name: Concord Place

Report Period Beginning: 1/1/2008

Ending:

12/31/2008

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

	1	Amount	
Revenue			
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 7,573,565	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 7,573,565	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	9,048	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 9,048	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	32,741	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 32,741	14
D. Other Revenue (specify):			
15	See Attached	2,305,668	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,305,668	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 9,921,022	18

	2	Amount	
Expenses			
A. Operating Expenses			
19	General Services	2,874,607	19
20	Health Care/ Personal Care	468,596	20
21	General Administration	1,968,066	21
B. Capital Expense			
22	Ownership	1,826,816	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Banquet Expenses	1,546,576	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 8,684,661	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,236,361	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,236,361	31