

FOR BHF USE					

LL2

Supportive Living Facility

**2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)**

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 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: _____</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>1/1/2012</u> to <u>12/31/2012</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" style="width: 15%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(Title) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> </tr> <tr> <td colspan="2">(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td colspan="2">(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) _____	(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: 1/1/2012 Ending: 12/31/2012

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			3
4	144	TOTALS	144	52,704	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	42,090	732		42,822	5
6	Double Unit	4,758	2,562		7,320	6
7	Other					7
8	TOTALS	46,848	3,294		50,142	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.14%

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: 12/31/2012 Fiscal Year: 12/31/2012

* 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:

1/1/2012

Ending: 12/31/2012

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	659,037	658,809	5,956	1,323,802	(769,132)	554,670	1
2	Housekeeping, Laundry and Maintenance	366,003	138,717	395,773	900,493	(613,315)	287,178	2
3	Heat and Other Utilities			808,381	808,381	(550,209)	258,172	3
4	Other (specify):							4
5	TOTAL General Services	1,025,040	797,526	1,210,110	3,032,676	(1,932,656)	1,100,020	5
B. Health Care and Programs								
6	Health Care/ Personal Care	335,160	15,875		351,035		351,035	6
7	Activities and Social Services	112,235		22,768	135,003	(47,387)	87,616	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	447,395	15,875	22,768	486,038	(47,387)	438,651	9
C. General Administration								
10	Administrative and Clerical	385,762	24,644	743,583	1,153,989	(849,254)	304,735	10
11	Marketing Materials, Promotions and Advertising	272,493		112,189	384,682	(198,642)	186,040	11
12	Employee Benefits and Payroll Taxes			408,106	408,106	(78,167)	329,939	12
13	Insurance-Property, Liability and Malpractice			276,410	276,410	(188,449)	87,961	13
14	Other (specify): Gift Shop			5,765	5,765		5,765	14
15	TOTAL General Administration	658,255	24,644	1,546,053	2,228,952	(1,314,512)	914,440	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	2,130,690	838,045	2,778,931	5,747,666	(3,294,555)	2,453,111	16
Capital Expenses								
D. Ownership								
17	Depreciation			88,895	88,895	99,226	188,121	17
18	Interest			148,694	148,694	233,480	382,174	18
19	Real Estate Taxes					78,115	78,115	19
20	Rent -- Facility and Grounds			1,768,717	1,768,717	(1,768,717)		20
21	Rent -- Equipment			978	978	(666)	312	21
22	Other (specify):			16,580	16,580	(16,580)		22
23	TOTAL Ownership			2,023,864	2,023,864	(1,375,142)	648,722	23
24	GRAND TOTAL (Sum of lines 16 and 23)	2,130,690	838,045	4,802,795	7,771,530	(4,669,697)	3,101,833	24

Concord Place

Report Period Beginning:	1/1/2012
Ending:	12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (152,252)	17	1
2	Office Room Rentals	(22,500)	10	2
3	Residents Phone Revenue	(44,462)	10	3
4	Food Sales	(22,986)	01	4
5	Off-Site Catering	(443,977)	01	5
6	Misc. Income	(4,069)	10	6
7	Misc. Income-Residents	(2,677)	10	7
8	Interest Income	(10,088)	18	8
9	Food Service - Liquor	(598)	01	9
10	Trade Shows - SLF	(400)	10	10
11	Beverage Cost - Liquor	(1,575)	01	11
12	Bad Debts	(5,115)	10	12
13	Bank Charges	(10,798)	10	13
14	Donations	(475)	10	14
15	Penalties	(522)	10	15
16	Interest Expense	(148,694)	18	16
17	Travel & Entertainment	(757)	10	17
18	Meals & Entertainment	(101)	10	18
19	Management Fees	(432,000)	10	19
20	Insurance-Liquor Liability	(990)	13	20
21	Keys, Locks, & Doors/Banquets	(1,290)	02	21
22	Retailers Occupation Tax	(16,580)	22	22
23				23
24				24
25				25
26	Building Co. - Rental Income	(1,768,717)	20	26
27	Building Co. - Interest Income	(738)	18	27
28	Building Co. - Depreciation-Cap. Improvements	251,478	17	28
29	Building Co. - Real Estate Taxes	244,592	19	29
30	Building Co. - Interest Expense	1,207,478	18	30
31				31
32				32
33	Non-Care Allocation:			33
34	Dietary	(299,996)	01	34
35	Houskeeping, Laundry, Maintenance	(612,025)	02	35
36	Utilities	(550,209)	03	36
37	Activities, Social Service	(47,387)	07	37
38	A&C	(325,378)	10	38
39	Sales and Marketing	(198,642)	11	39
40	Employee Benefits	(78,167)	12	40
41	Insurance	(187,459)	13	41
42	Interest	(814,478)	18	42
43	Real Estate Taxes	(166,477)	19	43
44	Equipment Rental	(666)	21	44
45				45
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99				99
100				100
101	Total		(4,669,697)	101

Facility Name: Concord Place

Report Period Beginning 1/1/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.19	\$ 23.20	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	13.19	10.13	3
4	Activity Director & Assistants	2.07	26.06	4
5	Social Service Workers			5
6	Head Cook	3.07	13.29	6
7	Cook Helpers/Assistants	27.50	8.93	7
8	Dishwashers	3.21	9.44	8
9	Maintenance Workers	4.01	16.03	9
10	Housekeepers	11.01	10.14	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.05	34.50	13
14	Clerical	5.67	14.18	14
15	Marketing	4.00	32.75	15
16	Other			16
17	Total (lines 1 thru 16)	77.97	\$ 13.14	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, 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:

1/1/2012

Ending:

12/31/2012

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	\$ 251,478	35	\$ 32,910	\$ (218,568)	\$ 921,481	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				1,186,436			59,322	59,322	347,119	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	148	148	2,960	9
10	Various		1995		2,858		20	143	143	2,430	10
11	Various		1996		11,419		20	571	571	9,135	11
12	Various		1997		9,153		20	458	458	6,864	12
13	Various		1999		224,924		20	11,247	11,247	146,200	13
14	Various		2000		685,460		20	34,273	34,273	601,276	14
15	Various		2001		175,089		20	8,754	8,754	96,299	15
16	Various		2002		595,044	88,895	20	29,752	(59,143)	297,522	16
17	TOTAL (lines 1 thru 16)				\$ 4,082,546	\$ 340,373		\$ 177,578	\$ (162,795)	\$ 2,468,638	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	\$ 197,678	\$	\$ 10,543	10,543	10	\$ 225,431	18
19	Vehicles	30,715				5	13,869	19
20	TOTAL (lines 18 and 19)	\$ 228,393	\$	\$ 10,543	10,543		\$ 239,300	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:

1/1/2012

Ending:

12/31/2012

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	Building Improvement	2005	59,493		20	2,975	2,975	20,823	2
3	Carpet	2006	1,351		20	68	68	405	3
4	Signs	2006	1,270		20	64	64	381	4
5	Building Improvement	2006	49,748		20	2,487	2,487	14,924	5
6	Electrical Work	2007	1,220		20	61	61	305	6
7	Folding Partion Wall	2007	8,678		20	434	434	2,170	7
8	New Fire Suppression System	2007	5,990		20	300	300	1,498	8
9	Professional Fees	2007	3,850		20	193	193	963	9
10	Folding Partion Wall	2007	14,520		20	726	726	3,630	10
11	Concrete Removal	2007	1,761		20	88	88	440	11
12	New Concrete Sidewalks	2007	3,080		20	154	154	770	12
13	Various Carpet	2007	20,803		20	1,040	1,040	5,201	13
14	Ac Repair	2007	11,585		20	579	579	2,896	14
15	Carpeting	2007	6,114		20	306	306	1,223	15
16	Water Coil	2008	4,405		20	220	220	881	16
17	Ceiling Tiles	2008	2,967		20	148	148	593	17
18	Steam Coils	2008	2,710		20	136	136	542	18
19	Piping Work	2008	3,394		20	170	170	679	19
20	Windows	2008	3,850		20	193	193	770	20
21	Fire Alarm System	2008	2,997		20	150	150	599	21
22	Roof Replacement	2009	58,900		20	2,945	2,945	8,835	22
23	Bricks	2009	9,428		20	471	471	1,414	23
24	Flashing (Roof Project)	2009	10,113		20	506	506	1,517	24
25	Design - Lane Studio	2009	2,925		20	146	146	439	25
26	Engineer Drawings	2009	3,238		20	162	162	486	26
27	Parking Lot Resurfacing	2009	29,771		20	1,489	1,489	4,466	27
28	F & F Development	2009	31,064		20	1,553	1,553	4,660	28
29	Windows Repair	2009	2,600		20	130	130	390	29
30	Windows Repair	2009	7,400		20	370	370	1,110	30
31	Smoke Detector Repair	2010	3,526		20	176	176	353	31
32	A/C Repair- Valve & Actuator	2010	4,250		20	213	213	425	32
33	Total Book Depreciation	2010	4,934		20	247	247	493	33
34	TOTAL (lines 1 thru 33)		\$ 377,935	\$		\$ 18,897	\$ 18,897	\$ 84,279	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:

1/1/2012 Ending:

12/31/2012

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	Improvements	2010	100,421		20	5,021	5,021	10,042	2
3	Carpeting	2010	47,817		20	2,391	2,391	4,782	3
4	Wall Covering, Carpeting, Closet Shelves, And Bathrooms	2011	150,000		20	7,500	7,500	15,000	4
5	Small And Large Coils	2011	11,992		20	600	600	1,199	5
6	Boiler Water And Cooling Tower Treatment, Tower Biocide	2011	2,536		20	127	127	254	6
7	Combin Sys, Control Panel, Mic And Dual Phono	2011	2,826		20	141	141	283	7
8	6.5"2Wy Vent Clng Spk W/Xfmr Pr	2011	3,742		20	187	187	374	8
9	Various	2003	436,624		20	21,831	21,831	196,481	9
10	Various	1998	44,693		20	2,235	2,235	31,285	10
11	Various	2004	7,850		20	393	393	3,140	11
12									12
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 808,501	\$		\$ 40,426	\$ 40,426	\$ 262,839	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:

1/1/2012

Ending:

12/31/2012

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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15								15	
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17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
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25								25	
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: 1/1/2012

Ending: 2/31/2012

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 \$ 312

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	/ /	\$	18,511,736	/ /		\$ 1,207,478
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Susie Friedman		X		/ /		805,890	/ /		
5	David Friedman		X		/ /		11,950	/ /		
6	Allocated to Non-Care				/ /			/ /		-915,684
7	TOTAL Facility Related					\$	19,329,576			\$ 291,794
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		-10,088
9	Interest Income - Bldg Co.		X		/ /			/ /		-738
10	TOTALS (lines 7, 8 and 9)					\$	19,329,576			\$ 280,968

* 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: **1/1/2012**

Ending:

12/31/2012**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2012**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 184,440	\$ 184,440	1
2	Cash-Patient Deposits	5,912	5,912	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,589,096	2,589,096	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	150,628	150,628	6
7	Other Prepaid Expenses	1,345	1,345	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,294,124	16,103,183	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,225,545	\$ 19,034,604	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	2,426,921	9,314,571	15
16	Equipment, at Historical Cost	1,017,555	1,017,555	16
17	Accumulated Depreciation (book methods)	(1,098,909)	(7,576,635)	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):		85,162	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,345,567	\$ 7,069,253	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,571,112	\$ 26,103,857	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 151,536	\$ 151,536	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	39,526	39,526	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	106,297	106,297	30
31	Accrued Taxes Payable		225,866	31
32	Accrued Interest Payable	2,154,585	2,256,127	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	1,365,513	1,365,513	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,817,457	\$ 4,144,865	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	817,840	817,840	38
39	Mortgage Payable		18,511,736	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	18,083,409	19,141,875	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 18,901,249	\$ 38,471,451	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 22,718,706	\$ 42,616,316	45
46	TOTAL EQUITY	\$ (16,147,594)	\$ (16,512,459)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,571,112	\$ 26,103,857	47

*(See instructions.)

Facility Name: Concord Place

Report Period Beginning: 1/1/2012

Ending:

12/31/2012

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	\$ 7,180,416	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 7,180,416	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	7,867	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 7,867	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	10,088	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 10,088	14
D. Other Revenue (specify):			
15	See Attached	2,177,694	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,177,694	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 9,376,065	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	3,032,676	19
20	Health Care/ Personal Care	486,038	20
21	General Administration	2,228,952	21
B. Capital Expense			
22	Ownership	2,023,864	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Banquet Expenses	1,371,297	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 9,142,827	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 233,238	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 233,238	31

