

FOR BHF USE					

LL2

**Supportive Living Facility**

**2013  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2013)**

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><b>I. Facility ID Number:</b> <u>1000023</u></p> <p><b>Facility Name:</b> <u>Concord Place</u></p> <p><b>Address:</b> <u>401 West Lake</u> <u>Northlake</u> <u>60164</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(708) 562-9000</u> <b>Fax #</b> <u>(708) 409-2750</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>4/10/2003</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 236 - 1111</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2013</u> to <u>12/31/2013</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%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; 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>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) _____ (Title) _____	<b>Paid Preparer</b>	(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 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: 1/1/2013 Ending: 12/31/2013

**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	41,610	1,095		42,705	5
6	Double Unit	5,475	730		6,205	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: 12/31/2013 Fiscal Year: 12/31/2013

\* 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:

1/1/2013

Ending: 12/31/2013

## 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	777,119	756,785	9,889	1,543,793	(1,058,452)	485,341	1
2	Housekeeping, Laundry and Maintenance	378,105	163,366	456,143	997,614	(679,250)	318,364	2
3	Heat and Other Utilities			810,861	810,861	(551,897)	258,964	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>1,155,224</b>	<b>920,151</b>	<b>1,276,893</b>	<b>3,352,268</b>	<b>(2,289,600)</b>	<b>1,062,668</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	346,562	19,389		365,951		365,951	6
7	Activities and Social Services	151,813		21,470	173,283	(73,009)	100,274	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>498,375</b>	<b>19,389</b>	<b>21,470</b>	<b>539,234</b>	<b>(73,009)</b>	<b>466,225</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	455,921	23,332	791,299	1,270,552	(969,620)	300,932	10
11	Marketing Materials, Promotions and Advertising	322,129		104,152	426,281	(224,361)	201,920	11
12	Employee Benefits and Payroll Taxes			498,875	498,875	(102,349)	396,526	12
13	Insurance-Property, Liability and Malpractice			257,219	257,219	(175,405)	81,814	13
14	Other (specify):			3,978	3,978		3,978	14
15	<b>TOTAL General Administration</b>	<b>778,050</b>	<b>23,332</b>	<b>1,655,523</b>	<b>2,456,905</b>	<b>(1,471,735)</b>	<b>985,170</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>2,431,649</b>	<b>962,872</b>	<b>2,953,886</b>	<b>6,348,407</b>	<b>(3,834,344)</b>	<b>2,514,063</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			129,309	129,309	56,206	185,515	17
18	Interest			172,457	172,457	205,667	378,124	18
19	Real Estate Taxes					82,310	82,310	19
20	Rent -- Facility and Grounds			1,776,233	1,776,233	(1,776,233)	0	20
21	Rent -- Equipment			1,165	1,165	(793)	372	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>2,079,164</b>	<b>2,079,164</b>	<b>(1,432,843)</b>	<b>646,321</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>2,431,649</b>	<b>962,872</b>	<b>5,033,050</b>	<b>8,427,571</b>	<b>(5,267,187)</b>	<b>3,160,384</b>	<b>24</b>

Concord Place

Report Period Beginning: 1/1/2013  
Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (194,314)	17	1
2	Office Room Rentals	(22,500)	10	2
3	Residents Phone Revenue	(40,875)	10	3
4	Food Sales	(27,793)	01	4
5	Off-Site Catering	(676,396)	01	5
6	Misc. Income	(3,239)	10	6
7	Misc. Income-Residents	(85,956)	10	7
8	Discounts Earned	(36,570)	10	8
9	Food Service - Liquor	(375)	01	9
10	Beverage Cost - Liquor	(516)	01	10
11	Bad Debts	(1,003)	10	11
12	Bank Charges	(10,845)	10	12
13	Penalties	(224)	10	13
14	Travel & Entertainment	(34)	10	14
15	Meals & Entertainment	(1,994)	10	15
16	Management Fees	(432,000)	10	16
17	Keys, Locks & Doors/Banquets	(378)	02	17
18	Gain on Sale of Vehicle	(385)	02	18
19	Insurance - Liquor Liability	(1,046)	13	19
20	Interest Expense	(172,457)	18	20
21				21
22				22
23	Building Co. - Rental Income	(1,776,233)	20	23
24	Building Co. - Interest Income	(774)	18	24
25	Building Co. - Depreciation-Cap. Improvements	250,520	17	25
26	Building Co. - Real Estate Taxes	257,727	19	26
27	Building Co. - Interest Expense	1,184,746	18	27
28				28

29				29
30	Non-Care Allocation:			30
31	Dietary	(353,372)	01	31
32	Houskeeping, Laundry, Maintenance	(678,487)	02	32
33	Utilities	(551,897)	03	33
34	Activities, Social Service	(73,009)	07	34
35	A&C	(334,379)	10	35
36	Sales and Marketing	(224,361)	11	36
37	Employee Benefits	(102,349)	12	37
38	Insurance	(174,359)	13	38
39	Interest	(805,847)	18	39
40	Real Estate Taxes	(175,417)	19	40
41	Equipment Rental	(793)	21	41
42				42
43				43
44				44
45				45
46				46
47				47
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96			96
97			97
98			98
99			99
100			100

101	Total	(5,267,187)	101
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Facility Name: Concord Place

Report Period Beginning 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.98	\$ 25.85	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	13.83	10.22	3
4	Activity Director & Assistants	2.54	28.69	4
5	Social Service Workers			5
6	Head Cook	2.14	17.05	6
7	Cook Helpers/Assistants	33.27	8.92	7
8	Dishwashers	4.78	8.40	8
9	Maintenance Workers	4.42	13.03	9
10	Housekeepers	11.39	10.91	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.04	40.46	13
14	Clerical	5.26	18.32	14
15	Marketing	4.00	38.72	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>85.65</b>	<b>\$ 13.65</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				\$	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ - 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	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
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:

1/1/2013

Ending:

12/31/2013

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	\$ 250,520	35	\$ 32,910	\$ (217,610)	\$ 954,391	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				1,186,436			59,325	59,325	445,117	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	2,573	10
11	Various		1996		11,419		20	571	571	9,706	11
12	Various		1997		9,154		20	458	458	7,322	12
13	Various		1999		224,924		20	11,246	11,246	157,446	13
14	Various		2000		685,460		20	34,273	34,273	635,549	14
15	Various		2001		175,089		20	8,754	8,754	105,053	15
16	Various		2002		595,044	129,309	20	29,752	(99,557)	327,274	16
17	TOTAL (lines 1 thru 16)				\$ 4,082,547	\$ 379,829		\$ 177,432	\$ (202,397)	\$ 2,684,743	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	\$	\$ 8,083	8,083	10	\$ 233,518	18
19	Vehicles	30,715				5	13,869	19
20	TOTAL (lines 18 and 19)	\$ 228,395	\$	\$ 8,083	8,083		\$ 247,387	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:

1/1/2013 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	2006	1,351		20	68	68	
3	2006	1,270		20	64	64	
4	2006	49,748		20	2,487	2,487	
5	2007	1,220		20	61	61	
6	2007	8,678		20	434	434	
7	2007	5,990		20	300	300	
8	2007	3,850		20	193	193	
9	2007	14,520		20	726	726	
10	2007	1,761		20	88	88	
11	2007	3,080		20	154	154	
12	2007	20,803		20	1,040	1,040	
13	2007	11,585		20	579	579	
14	2007	6,114		20	306	306	
15	2008	4,405		20	220	220	
16	2008	2,967		20	148	148	
17	2008	2,710		20	136	136	
18	2008	3,394		20	170	170	
19	2008	3,850		20	193	193	
20	2008	2,997		20	150	150	
21	2009	58,900		20	2,945	2,945	
22	2009	9,428		20	471	471	
23	2009	10,113		20	506	506	
24	2009	2,925		20	146	146	
25	2009	3,238		20	162	162	
26	2009	29,771		20	1,489	1,489	
27	2009	31,064		20	1,553	1,553	
28	2009	2,600		20	130	130	
29	2009	7,400		20	370	370	
30	2010	3,526		20	176	176	
31	2010	4,250		20	213	213	
32	2010	4,934		20	247	247	
33	2010	100,421		20	5,021	5,021	
34		\$ 418,863	\$		\$ 20,946	\$ 20,946	\$

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

<b>9</b>	
<b>Accumulated depreciation</b>	
	1
473	2
445	3
17,411	4
366	5
2,604	6
1,798	7
1,156	8
4,356	9
528	10
924	11
6,241	12
3,475	13
1,529	14
1,101	15
741	16
678	17
849	18
963	19
749	20
11,780	21
1,885	22
2,023	23
585	24
648	25
5,955	26
6,213	27
520	28
1,480	29
529	30
638	31
740	32
15,063	33
94,446	34

STATE OF ILLINOIS

Facility Name & ID Number Concord Place

Report Period Beginning:

1/1/2013 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	47,817		20	2,391	2,391	
3	2011	150,000		20	7,500	7,500	
4	2011	11,992		20	600	600	
5	2011	2,536		20	127	127	
6	2011	2,826		20	141	141	
7	2011	3,742		20	187	187	
8	2003	436,624		20	21,831	21,831	
9	2004	7,850		20	393	393	
10	2005	59,493		20	2,975	2,975	
11	1998	44,693		20	2,235	2,235	
12							
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29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 767,573	\$		\$ 38,379	\$ 38,379	\$

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

<b>9</b>	
<b>Accumulated</b>	
<b>depreciation</b>	
	<b>1</b>
<b>7,173</b>	<b>2</b>
<b>22,500</b>	<b>3</b>
<b>1,799</b>	<b>4</b>
<b>381</b>	<b>5</b>
<b>424</b>	<b>6</b>
<b>561</b>	<b>7</b>
<b>218,312</b>	<b>8</b>
<b>3,533</b>	<b>9</b>
<b>62,468</b>	<b>10</b>
<b>33,520</b>	<b>11</b>
	<b>12</b>
	<b>13</b>
	<b>14</b>
	<b>15</b>
	<b>16</b>
	<b>17</b>
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	<b>30</b>
	<b>31</b>
	<b>32</b>
	<b>33</b>
<b>350,671</b>	<b>34</b>

STATE OF ILLINOIS

Facility Name & ID Number Concord Place

Report Period Beginning:

1/1/2013 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							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
	1
	2
	3
	4
	5
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	8
	9
	10
	11
	12
	13
	14
	15
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	34

Facility Name: Concord Place

Report Period Beginning: 1/1/2013

Ending: 2/31/2013

**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 \$ 373

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	Prudential Financial		X	Mortgage	/ /	\$	18,201,680	/ /		\$ 1,184,746
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	Susie Friedman		X		/ /		805,890	/ /		
5	David Friedman		X		/ /		11,950	/ /		
6	Non-Care Allocation				/ /			/ /		-805,847
7	<b>TOTAL Facility Related</b>					\$	19,019,520			\$ 378,899
	<b>B. Non-Facility Related</b>									
8	Interest Income - Bldg Co.		X		/ /			/ /		-774
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	19,019,520			\$ 378,125

\* 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: **1/1/2013**Ending: **12/31/2013****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2013**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 467,623	\$ 467,623	1
2	Cash-Patient Deposits	5,912	5,912	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,316,329	1,316,329	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	133,559	133,559	6
7	Other Prepaid Expenses	15,876	15,876	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	1,364,430	1,752,686	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,303,729	\$ 3,691,985	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		3,599,535	14
15	Leasehold Improvements, at Historical Cost	2,734,399	9,622,049	15
16	Equipment, at Historical Cost	1,455,232	1,455,232	16
17	Accumulated Depreciation (book methods)	(1,365,089)	(8,093,335)	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):		62,946	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,824,542	\$ 7,275,492	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,128,271	\$ 10,967,477	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 257,323	\$ 257,323	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,696	14,696	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	128,314	128,314	30
31	Accrued Taxes Payable		262,315	31
32	Accrued Interest Payable	2,327,043	2,426,884	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>	952,023	952,023	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 3,679,399	\$ 4,041,555	37
<b>D. Long-Term Liabilities</b>				
38	Long-Term Notes Payable	817,840	817,840	38
39	Mortgage Payable		18,201,680	39
40	Bonds Payable			40
41	Deferred Compensation			41
<b>Other Long-Term Liabilities(specify):</b>				
42				42
43	<a href="#">See Attached</a>	17,452,709	4,059,433	43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 18,270,549	\$ 23,078,953	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 21,949,948	\$ 27,120,508	45
46	<b>TOTAL EQUITY</b>	\$ (15,821,677)	\$ (16,153,031)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 6,128,271	\$ 10,967,477	47

\*(See instructions.)

Facility Name: Concord Place

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

## 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	\$ 7,988,573	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 7,988,573</b>	<b>3</b>
<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	12,215	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 12,215</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	2,656,805	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 2,656,805</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 10,657,593</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	3,352,268	19
20	Health Care/ Personal Care	539,234	20
21	General Administration	2,456,905	21
<b>B. Capital Expense</b>			
22	Ownership	2,079,164	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Banquet Expenses	1,767,125	26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 10,194,696</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 462,897</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 462,897</b>	<b>31</b>



