

FOR BHF USE					

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

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%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;"><b>IRS Exemption Code</b> _____</td> <td style="border: none;"><input checked="" type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></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) 282 - 6300</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>1/1/2015</u> to <u>12/31/2015</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%; border: none;"> <tr> <td style="width:20%; border: none;"><b>Officer or Administrator of Provider</b></td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Type or Print Name) _____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Title) _____</td> </tr> <tr> <td style="border: none;"><b>Paid Preparer</b></td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Firm Name &amp; Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) <u>(847) 282-6300</u></td> <td style="border: none;">Fax <u>(847) 282-6301</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) _____	(Date) _____		(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>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u>	Fax <u>(847) 282-6301</u>
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Facility Name Concord Place

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

**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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	40,150	2,555		42,705	5
6	Double Unit	4,015			4,015	6
7	Other					7
8	TOTALS	44,165	2,555		46,720	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.89%

**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: 12/31/2015 Fiscal Year: 12/31/2015

\* 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:

1/1/2015

Ending: 12/31/2015

## 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	798,885	838,246	2,590	1,639,721	(874,030)	765,691	1
2	Housekeeping, Laundry and Maintenance	436,524	176,624	470,767	1,083,915	(737,746)	346,169	2
3	Heat and Other Utilities			1,038,479	1,038,479	(708,091)	330,388	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>1,235,409</b>	<b>1,014,870</b>	<b>1,511,836</b>	<b>3,762,115</b>	<b>(2,319,866)</b>	<b>1,442,249</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	372,832	35,501		408,333		408,333	6
7	Activities and Social Services	181,107		17,380	198,487	(92,788)	105,699	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>553,939</b>	<b>35,501</b>	<b>17,380</b>	<b>606,820</b>	<b>(92,788)</b>	<b>514,032</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	438,770	12,721	812,045	1,263,536	(969,834)	293,702	10
11	Marketing Materials, Promotions and Advertising	286,187	109	95,389	381,685	(222,442)	159,243	11
12	Employee Benefits and Payroll Taxes			599,000	599,000	(142,704)	456,296	12
13	Insurance-Property, Liability and Malpractice			199,328	199,328	(136,840)	62,488	13
14	Other (specify): Gift Shop			4,995	4,995		4,995	14
15	<b>TOTAL General Administration</b>	<b>724,957</b>	<b>12,830</b>	<b>1,710,757</b>	<b>2,448,544</b>	<b>(1,471,820)</b>	<b>976,724</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>2,514,305</b>	<b>1,063,201</b>	<b>3,239,973</b>	<b>6,817,479</b>	<b>(3,884,474)</b>	<b>2,933,005</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			190,792	190,792	12,291	203,083	17
18	Interest			133,511	133,511	273,645	407,156	18
19	Real Estate Taxes					141,241	141,241	19
20	Rent -- Facility and Grounds			1,729,788	1,729,788	(1,729,788)	0	20
21	Rent -- Equipment			2,943	2,943	(2,003)	940	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>2,057,034</b>	<b>2,057,034</b>	<b>(1,304,613)</b>	<b>752,421</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>2,514,305</b>	<b>1,063,201</b>	<b>5,297,007</b>	<b>8,874,513</b>	<b>(5,189,088)</b>	<b>3,685,425</b>	<b>24</b>

Concord Place

Report Period Beginning: 1/1/2015  
Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (236,341)	17	1
2	Food Stamp Revenue	(195,408)	01	2
3	Resident Phone Revenue	(10,864)	10	3
4	Food Sales	(1,505)	01	4
5	Misc. Income	(2,209)	10	5
6	Vending Income	(586)	01	6
7	Food Service-Liquor	(2,568)	01	7
8	Travel & Entertainment	(80)	10	8
9	Bank Charges	(13,434)	10	9
10	Cable Service	(3,977)	03	10
11	Credit Card/Merchant Fees	(16,492)	10	11
12	Penalties	(100)	10	12
13	Holiday Gifts & Expenses	(13,036)	10	13
14	Loss & Damage Expense	(999)	10	14
15	Meals & Entertainment	(1,123)	10	15
16	Management Fees	(432,000)	10	16
17	Non-Deductible Penalties	(1,457)	10	17
18	State of Illinois Income Tax	(6,582)	10	18
19	Office Room Rentals	(25,305)	10	19
20	Liquor Liability Insurance	(1,171)	13	20
21				21
22				22
23	Building Co. - Rental Income	(1,729,788)	20	23
24	Building Co. - Interest Income	(518)	18	24
25	Building Co. - Depreciation-Cap. Improvements	248,632	17	25
26	Building Co. - Real Estate Taxes	442,249	19	26
27	Building Co. - Interest Expense	1,141,883	18	27
28				28

29	Non-Care Allocation			29
30	Dietary	(673,963)	01	30
31	Houskeeping, Laundry, Maintenance	(737,746)	02	31
32	Utilities	(704,114)	03	32
33	Activities & Social Service	(92,788)	07	33
34	Administrative & Clerical	(446,154)	10	34
35	Sales and Marketing	(222,442)	11	35
36	Employee Benefits	(142,704)	12	36
37	Insurance	(135,669)	13	37
38	Interest	(867,719)	18	38
39	Real Estate Taxes	(301,008)	19	39
40	Equipment Rental	(2,003)	21	40
41				41
42				42
43				43
44				44
45				45
46				46
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97			97
98			98
99			99
100			100

101	Total	(5,189,088)	101
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Facility Name: Concord Place

Report Period Beginning 1/1/2015

Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 27.82	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	14.70	10.30	3
4	Activity Director & Assistants	2.00	43.54	4
5	Social Service Workers			5
6	Head Cook	2.43	15.63	6
7	Cook Helpers/Assistants	33.02	9.06	7
8	Dishwashers	5.60	8.39	8
9	Maintenance Workers	4.40	13.78	9
10	Housekeepers	13.11	11.38	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.11	59.16	13
14	Clerical	5.75	15.03	14
15	Marketing	3.00	45.86	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>87.12</b>	<b>\$ 13.87</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>\$</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:

1/1/2015

Ending:

12/31/2015

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	\$ 248,632	35	\$ 32,910	\$ (215,722)	\$ 1,020,211	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				1,841,542	190,792		102,503	(88,289)	889,546	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	142	142	2,858	10
11	Various		1996		11,419		20	571	571	10,848	11
12	Various		1997		9,154		20	458	458	8,238	12
13	Various		1998		44,693		20	2,235	2,235	37,990	13
14	Various		1999		224,924		20	11,247	11,247	179,941	14
15	Various		2000		685,460		20	34,273	34,273	514,095	15
16	Various		2001		175,089		20	8,754	8,754	122,561	16
17	TOTAL (lines 1 thru 16)				\$ 4,187,302	\$ 439,424		\$ 193,093	\$ (246,331)	\$ 2,826,600	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	\$ 199,281	\$	\$ 9,990	9,990		\$ 173,769	18
19	Vehicles	30,715					13,869	19
20	TOTAL (lines 18 and 19)	\$ 229,996	\$	\$ 9,990	9,990		\$ 187,638	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	Non-Care	208,478	-		22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 8,718,386	\$	\$	24

## STATE OF ILLINOIS

Facility Name &amp; ID Number      Concord Place

Report Period Beginning:

1/1/2015      Ending:

**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	Ac De	
1								
2	Various	2002	595,044		20	29,752	29,752	
3	Various	2003	436,624		20	21,831	21,831	
4	Various	2004	7,850		20	393	393	
5	Various	2005	59,493		20	2,975	2,975	
6	Various	2006	52,369		20	2,618	2,618	
7	Electrical Work	2007	1,220		20	61	61	
8	Folding Partion Wall	2007	8,678		20	434	434	
9	New Fire Suppression System	2007	5,990		20	300	300	
10	Professional Fees	2007	3,850		20	193	193	
11	Folding Partion Wall	2007	14,520		20	726	726	
12	Concrete Removal	2007	1,761		20	88	88	
13	New Concrete Sidewalks	2007	3,080		20	154	154	
14	Various Carpet	2007	20,803		20	1,040	1,040	
15	Ac Repair	2007	11,585		20	579	579	
16	Carpeting	2007	6,114		20	306	306	
17	Water Coil	2008	4,405		20	220	220	
18	Ceiling Tiles	2008	2,967		20	148	148	
19	Steam Coils	2008	2,710		20	136	136	
20	Piping Work	2008	3,394		20	170	170	
21	Windows	2008	3,850		20	193	193	
22	Fire Alarm System	2008	2,997		20	150	150	
23	Roof Replacement	2009	58,900		20	2,945	2,945	
24	Bricks	2009	9,428		20	471	471	
25	Flashing (Roof Project)	2009	10,113		20	506	506	
26	Design - Lane Studio	2009	2,925		20	146	146	
27	Engineer Drawings	2009	3,238		20	162	162	
28	Parking Lot Resurfacing	2009	29,771		20	1,489	1,489	
29	F & F Development	2009	31,064		20	1,553	1,553	
30	Windows Repair	2009	2,600		20	130	130	
31	Windows Repair	2009	7,400		20	370	370	
32	Smoke Detector Repair	2010	3,526		20	176	176	
33	A/C Repair- Valve & Actuator	2010	4,250		20	213	213	
34	TOTAL (lines 1 thru 33)		\$ 1,412,519	\$		\$ 70,627	\$ 70,627	\$

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

<b>9</b>	
<b>Accumulated depreciation</b>	
	<b>1</b>
<b>386,778</b>	<b>2</b>
<b>261,974</b>	<b>3</b>
<b>4,319</b>	<b>4</b>
<b>29,748</b>	<b>5</b>
<b>23,566</b>	<b>6</b>
<b>488</b>	<b>7</b>
<b>3,472</b>	<b>8</b>
<b>2,398</b>	<b>9</b>
<b>1,542</b>	<b>10</b>
<b>5,808</b>	<b>11</b>
<b>704</b>	<b>12</b>
<b>1,232</b>	<b>13</b>
<b>8,321</b>	<b>14</b>
<b>4,633</b>	<b>15</b>
<b>2,141</b>	<b>16</b>
<b>1,541</b>	<b>17</b>
<b>1,037</b>	<b>18</b>
<b>950</b>	<b>19</b>
<b>1,189</b>	<b>20</b>
<b>1,349</b>	<b>21</b>
<b>1,049</b>	<b>22</b>
<b>17,670</b>	<b>23</b>
<b>2,827</b>	<b>24</b>
<b>3,035</b>	<b>25</b>
<b>877</b>	<b>26</b>
<b>972</b>	<b>27</b>
<b>8,933</b>	<b>28</b>
<b>9,319</b>	<b>29</b>
<b>780</b>	<b>30</b>
<b>2,220</b>	<b>31</b>
<b>881</b>	<b>32</b>
<b>1,064</b>	<b>33</b>
<b>792,816</b>	<b>34</b>

STATE OF ILLINOIS

Facility Name & ID Number Concord Place

Report Period Beginning:

1/1/2015 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 Landscaping	2010	4,934		20	247	247	
2 Improvements	2010	100,421		20	5,021	5,021	
3 Carpeting	2010	47,817		20	2,391	2,391	
4 Wall Covering, Carpeting, Closet Shelves, And Bathrooms	2011	150,000		20	7,500	7,500	
5 Small And Large Coils	2011	11,992		20	600	600	
6 Boiler Water And Cooling Tower Treatment, Tower Biocide	2011	2,536		20	127	127	
7 Combin Sys, Control Panel, Mic And Dual Phono	2011	2,826		20	141	141	
8 6.5"2Wy Vent Cing Spk W/Xfmr Pr	2011	3,742		20	187	187	
9 Carpeting	2015	6,648		20	332	332	
10 Tuckpointing	2015	55,040		20	8,600	8,600	
11 New Generator	2015	43,067		20	6,729	6,729	
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34 TOTAL (lines 1 thru 33)		\$ 429,023	\$		\$ 31,876	\$ 31,876	\$

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

9 Accumulated Depreciation	
1,234	1
25,105	2
11,955	3
37,500	4
2,999	5
635	6
706	7
935	8
332	9
8,600	10
6,729	11
	12
	13
	14
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	33
96,730	34

STATE OF ILLINOIS

Facility Name & ID Number Concord Place

Report Period Beginning:

1/1/2015 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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22							
23							
24							
25							
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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	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
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Facility Name: Concord Place

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

**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 \$ 940

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	/ /	\$	17,518,309	/ /		\$ 1,141,883
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	Susie Friedman		X		/ /			/ /		19,650
5	David Friedman		X		/ /			/ /		113,861
6	Non-Care Allocation				/ /			/ /		-867,719
7	<b>TOTAL Facility Related</b>					\$	17,518,309			\$ 407,675
	<b>B. Non-Facility Related</b>									
8	Interest Income - Bldg Co.		X		/ /			/ /		-518
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	17,518,309			\$ 407,157

\* 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: **1/1/2015**

Ending:

**12/31/2015****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2015**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 160,244	\$ 160,244	1
2	Cash-Patient Deposits	8,412	8,412	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	846,861	846,861	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	143,912	143,912	6
7	Other Prepaid Expenses	18,310	18,310	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	2,055,029	3,999,540	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,232,768	\$ 5,177,279	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	3,531,884	10,419,534	15
16	Equipment, at Historical Cost	1,730,421	1,730,421	16
17	Accumulated Depreciation (book methods)	(2,080,201)	(9,306,283)	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):		18,514	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,182,104	\$ 7,090,786	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,414,872	\$ 12,268,065	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 221,837	\$ 221,837	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	41,110	41,110	30
31	Accrued Taxes Payable	190	366,939	31
32	Accrued Interest Payable	2,638,831	2,734,924	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	936,780	936,780	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 3,838,748	\$ 4,301,590	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		17,518,309	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	See Attached	16,579,688	4,800,049	43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 16,579,688	\$ 22,318,358	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 20,418,436	\$ 26,619,948	45
46	<b>TOTAL EQUITY</b>	\$ (14,003,564)	\$ (14,351,883)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 6,414,872	\$ 12,268,065	47

\*(See instructions.)

Facility Name: Concord Place

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

## 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	\$ 5,030,575	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 5,030,575</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	915	7
8	Barber and Beauty Care		8
9	Non-Resident Meals	196,913	9
10	Laundry	50	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 197,878</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		7,331,650	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 7,331,650</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 12,560,103</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	3,762,115	19
20	Health Care/ Personal Care	606,820	20
21	General Administration	2,448,544	21
<b>B. Capital Expense</b>			
22	Ownership	2,057,034	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Banquet Expenses	2,286,011	26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 11,160,524</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 1,399,579</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>\$ 1,399,579</b>	<b>31</b>