

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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> <hr/> <p>Address: <u>401 West Lake</u> <u>Northlake</u> <u>60164</u></p> <p align="center">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: _____</p> <p>Date Current Owners were Certified: <u>4/10/2003</u></p> <p>Type of Ownership:</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>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:</p> <p>Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>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>1/1/2016</u> to <u>12/31/2016</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ *</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></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) _____			(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>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name Concord Place

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	43,188	1,830		45,018	5
6	Double Unit	6,954			6,954	6
7	Other					7
8	TOTALS	50,142	1,830		51,972	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.61%

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: 12/31/16 Fiscal Year: 12/31/16

* 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:

1/1/2016

Ending: 12/31/2016

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	871,186	791,943	26,416	1,689,545	(924,839)	764,706	1
2	Housekeeping, Laundry and Maintenance	438,859	166,376	463,411	1,068,646	(727,353)	341,293	2
3	Heat and Other Utilities			1,003,491	1,003,491	(683,541)	319,950	3
4	Other (specify):							4
5	TOTAL General Services	1,310,045	958,319	1,493,318	3,761,682	(2,335,733)	1,425,949	5
B. Health Care and Programs								
6	Health Care/ Personal Care	422,887	20,500		443,387		443,387	6
7	Activities and Social Services	197,713		17,548	215,261	(101,765)	113,496	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	620,600	20,500	17,548	658,648	(101,765)	556,883	9
C. General Administration								
10	Administrative and Clerical	491,997	12,192	793,384	1,297,573	(1,012,629)	284,944	10
11	Marketing Materials, Promotions and Advertising	279,453	1,441	87,040	367,934	(219,260)	148,674	11
12	Employee Benefits and Payroll Taxes			598,857	598,857	(132,723)	466,134	12
13	Insurance-Property, Liability and Malpractice			251,357	251,357	(171,426)	79,931	13
14	Other (specify): Gift Shop			3,864	3,864		3,864	14
15	TOTAL General Administration	771,450	13,633	1,734,502	2,519,585	(1,536,038)	983,547	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	2,702,095	992,452	3,245,368	6,939,915	(3,973,536)	2,966,379	16
Capital Expenses								
D. Ownership								
17	Depreciation			195,378	195,378	191,434	386,812	17
18	Interest							18
19	Real Estate Taxes			5,740	5,740	82,788	88,528	19
20	Rent -- Facility and Grounds			1,878,707	1,878,707	(1,878,707)		20
21	Rent -- Equipment			5,081	5,081	(3,458)	1,623	21
22	Other (specify):							22
23	TOTAL Ownership			2,084,906	2,084,906	(1,607,943)	476,963	23
24	GRAND TOTAL (Sum of lines 16 and 23)	2,702,095	992,452	5,330,274	9,024,821	(5,581,479)	3,443,342	24

Concord Place

Report Period Beginning: 1/1/2016
 Ending: 12/31/2016

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	\$ 572,770	17 1
2	Food Stamp Revenue	(235,650)	01 2
3	Telephone Revenue	(10,460)	10 3
4	Food Revenue	(40)	01 4
5	Misc Revenue	(6,695)	10 5
6	Office Rental Revenue	(54,814)	10 6
7	Vending Income	(1,896)	01 7
8	Beverages Cost - Liquor	(1,588)	01 8
9	Bank Charges	(13,316)	10 9
10	Cable Service	(1,673)	03 10
11	Credit Card/Merchant Fees	(13,976)	10 11
12	Donations	(5,269)	10 12
13	Penalties	(128)	10 13
14	Holiday Gifts	(17,524)	10 14
15	Meals & Entertainment	(380)	10 15
16	Management Fees	(432,000)	10 16
17	Insurance - Liquor Liability	(1,070)	13 17
18	Interest Income	(1,132,781)	18 18
19	Prior Year Misc. Income/Expenses	(7,000)	10 19
20	State of Illinois Income Tax	(31,000)	10 20
21	Travel and Entertainment	(30)	11 21
22			22
23			23
24	Building Co. - Rental Income	(1,878,707)	20 24
25	Building Co. - Interest Income	(562)	18 25
26	Building Co. - Depreciation - Cap. Improvements	249,204	17 26
27	Building Co. - Interest Expense	1,136,346	18 27
28	Building Co. - Real Estate Taxes	271,455	19 28
29			29
30			30
31			31
32	Non - Care Allocation		32
33	Dietary	(688,665)	01 33
34	Housekeeping, Laundry, Maintenance	(727,851)	02 34
35	Utilities	(681,868)	03 35
36	Activities & Social Service	(101,765)	07 36
37	Administrative & Clerical	(420,086)	10 37
38	Sales & Marketing	(219,240)	11 38
39	Employee Benefits	(132,721)	12 39
40	Insurance	(170,348)	13 40
41	Real Estate Taxes	(188,667)	19 41
42	Equipment Rental	(3,458)	21 42
43			43
44			44
45			45
46			46
47			47
48			48
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50			50
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93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(5,581,479)	101

Facility Name: Concord Place

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.90	\$ 28.49	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	13.91	10.73	3
4	Activity Director & Assistants	2.04	46.63	4
5	Social Service Workers			5
6	Head Cook	3.76	15.63	6
7	Cook Helpers/Assistants	28.40	10.32	7
8	Dishwashers	7.28	9.19	8
9	Maintenance Workers	4.66	13.78	9
10	Housekeepers	11.62	12.64	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.42	59.16	13
14	Clerical	6.20	15.03	14
15	Marketing	4.00	33.59	15
16	Other			16
17	Total (lines 1 thru 16)	86.18	\$ 15.07	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		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:

1/1/2016

Ending:

12/31/2016

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	\$ 249,204	35	\$ 32,910	\$ (216,294)	\$ 1,053,121	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				1,841,542	195,378		92,079	92,079	971,204	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			2,858	10
11	Various			1996	11,419		20	570	570	11,418	11
12	Various			1997	9,154		20	458	458	8,696	12
13	Various			1998	44,693		20	2,235	2,235	40,225	13
14	Various			1999	224,924		20	11,247	11,247	191,188	14
15	Various			2000	685,460		20	34,273	34,273	548,368	15
16	Various			2001	175,089		20	8,754	8,754	131,315	16
17	TOTAL (lines 1 thru 16)				\$ 4,187,302	\$ 444,582		\$ 182,526	\$ (66,678)	\$ 2,998,705	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	\$	\$ 8,908	8,908		\$ 182,677	18
19	Vehicles	30,715					13,869	19
20	TOTAL (lines 18 and 19)	\$ 229,996	\$	\$ 8,908	8,908		\$ 196,546	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	Non-Care	418,671	-	-	23
24	TOTALS (lines 21, 22 and 23)	\$ 9,137,057	\$	\$	24

Facility Name & ID Number Concord Place

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	Roof Replacement	2009	58,900		20	2,945	2,945	20,615	2
3	Bricks	2009	9,428		20	471	471	3,298	3
4	Flashing (Roof Project)	2009	10,113		20	506	506	3,541	4
5	Design - Lane Studio	2009	2,925		20	146	146	1,023	5
6	Engineer Drawings	2009	3,238		20	162	162	1,134	6
7	Parking Lot Resurfacing	2009	29,771		20	1,489	1,489	10,422	7
8	F & F Development	2009	31,064		20	1,553	1,553	10,872	8
9	Windows Repair	2009	2,600		20	130	130	910	9
10	Windows Repair	2009	7,400		20	370	370	2,590	10
11	Smoke Detector Repair	2010	3,526		20	176	176	1,057	11
12	A/C Repair- Valve & Actuator	2010	4,250		20	213	213	1,277	12
13	Landscaping	2010	4,934		20	247	247	1,481	13
14	Improvements	2010	100,421		20	5,021	5,021	30,126	14
15	Carpeting	2010	47,817		20	2,391	2,391	14,346	15
16	Wall Covering, Carpeting, Closet Shelves, And Bathrooms	2011	150,000		20	7,500	7,500	45,000	16
17	Small And Large Coils	2011	11,992		20	600	600	3,599	17
18	Boiler Water And Cooling Tower Treatment, Tower Biocide	2011	2,536		20	127	127	762	18
19	Combin Sys, Control Panel, Mic And Dual Phono	2011	2,826		20	141	141	847	19
20	6.5'2Wy Vent Cng Spk W/Xfmr Pr	2011	3,742		20	187	187	1,122	20
21	Carpeting	2015	6,648		20	332	332	665	21
22	Tuckpointing	2015	55,040		20	2,752	2,752	5,504	22
23	New Generator	2015	43,067		20	2,153	2,153	4,307	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)		\$ 592,238	\$		\$ 29,613	\$ 29,613	\$ 164,498	34

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

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	Various	2002	595,044		20	29,752	29,752	416,530	2
3	Various	2003	436,624		20	21,831	21,831	283,805	3
4	Various	2004	7,850		20	393	393	4,712	4
5	Various	2005	59,493		20	2,975	2,975	32,723	5
6	Various	2006	52,369		20	2,618	2,618	26,184	6
7	Electrical Work	2007	1,220		20	61	61	549	7
8	Folding Partion Wall	2007	8,678		20	434	434	3,906	8
9	New Fire Suppression System	2007	5,990		20	300	300	2,698	9
10	Professional Fees	2007	3,850		20	193	193	1,735	10
11	Folding Partion Wall	2007	14,520		20	726	726	6,534	11
12	Concrete Removal	2007	1,761		20	88	88	792	12
13	New Concrete Sidewalks	2007	3,080		20	154	154	1,386	13
14	Various Carpet	2007	20,803		20	1,040	1,040	9,361	14
15	Ac Repair	2007	11,585		20	579	579	5,212	15
16	Carpeting	2007	6,114		20	306	306	2,447	16
17	Water Coil	2008	4,405		20	220	220	1,761	17
18	Ceiling Tiles	2008	2,967		20	148	148	1,185	18
19	Steam Coils	2008	2,710		20	136	136	1,086	19
20	Piping Work	2008	3,394		20	170	170	1,359	20
21	Windows	2008	3,850		20	193	193	1,542	21
22	Fire Alarm System	2008	2,997		20	150	150	1,199	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)		\$ 1,249,304	\$		\$ 62,466	\$ 62,466	\$ 806,706	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:

1/1/2016

Ending:

12/31/2016

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							
2							
3							
4							
5							
6							
7							
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28							
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31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$

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

Facility Name: Concord Place

Report Period Beginning: 1/1/2016

Ending: 2/31/2016

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 \$ 1,623

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		\$	25,000,000			\$	1,136,346	1
2												2
3												3
	Working Capital											
4												4
5												5
6												6
7	TOTAL Facility Related					\$	25,000,000			\$	1,136,346	7
	B. Non-Facility Related											
8	Interest Income - Bldg Co		X		/ /			/ /			(562)	8
9	Interest Income				/ /			/ /			(1,135,784)	9
10	TOTALS (lines 7, 8 and 9)					\$	25,000,000			\$	-	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: 1/1/2016

Ending:

12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 5,870,470	\$ 5,870,470	1
2	Cash-Patient Deposits	10,912	10,912	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,441,342	1,441,342	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	149,540	149,540	6
7	Other Prepaid Expenses	9,845	9,845	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	2,828,169	5,088,546	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,310,278	\$ 12,570,655	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	3,890,056	10,777,706	15
16	Equipment, at Historical Cost	1,790,920	1,790,920	16
17	Accumulated Depreciation (book methods)	(2,444,357)	(9,919,643)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		333,859	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,236,619	\$ 7,211,442	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,546,897	\$ 19,782,097	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 351,645	\$ 351,635	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	57,267	57,267	30
31	Accrued Taxes Payable		326,885	31
32	Accrued Interest Payable		14,796	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	743,814	743,814	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,152,726	\$ 1,494,397	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		25,000,000	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	22,424,431	3,503,952	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 22,424,431	\$ 28,503,952	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 23,577,157	\$ 29,998,349	45
46	TOTAL EQUITY	\$ (10,030,260)	\$ (10,216,252)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,546,897	\$ 19,782,097	47

*(See instructions.)

Facility Name: Concord Place

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 5,125,348	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,125,348	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	3,760	7
8	Barber and Beauty Care		8
9	Non-Resident Meals	235,690	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 239,450	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,638,828	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,638,828	14
D. Other Revenue (specify):			
15	See Attached	7,628,707	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,628,707	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 15,632,333	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	3,761,682	19
20	Health Care/ Personal Care	658,648	20
21	General Administration	2,519,585	21
B. Capital Expense			
22	Ownership	2,084,906	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Banquet Expenses	2,267,924	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 11,292,745	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 4,339,588	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 4,339,588	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 5,125,348	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,125,348	37