

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2010  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2010)**

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</u> ) <u>562-9000</u> Fax # <u>(708) 409-2750</u></p> <p><b>Federal Employer ID Number:</b> <u>36-3489309</u></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> <u>slavenda@frronline.com</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<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>1/1/2010</u> to <u>12/31/2010</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: 1/1/2010 Ending: 12/31/2010

**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	36,823	1,521		38,344	5
6	Double Unit	3,407	730		4,137	6
7	Other					7
8	TOTALS	40,230	2,251		42,481	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 80.82%

D. Indicate the number of paid bed-hold days the SLF had during this year

448 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 616 (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: 12/31/2010 Fiscal Year: 12/31/2010

\* 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:

1/1/2010

Ending: 12/31/2010

## 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	543,589	417,701	857	962,147	(506,415)	455,732	1
2	Housekeeping, Laundry and Maintenance	237,790	114,028	323,809	675,627	(464,019)	211,608	2
3	Heat and Other Utilities			1,019,073	1,019,073	(693,612)	325,461	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>781,379</b>	<b>531,729</b>	<b>1,343,739</b>	<b>2,656,847</b>	<b>(1,664,046)</b>	<b>992,801</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	320,157	9,037		329,194		329,194	6
7	Activities and Social Services	92,704		14,999	107,703	(32,279)	75,424	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>412,861</b>	<b>9,037</b>	<b>14,999</b>	<b>436,897</b>	<b>(32,279)</b>	<b>404,618</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	264,861	24,090	773,178	1,062,129	(784,885)	277,244	10
11	Marketing Materials, Promotions and Advertising			366,547	366,547	(179,878)	186,669	11
12	Employee Benefits and Payroll Taxes			266,416	266,416	(48,645)	217,771	12
13	Insurance-Property, Liability and Malpractice			284,399	284,399	(284,399)		13
14	Other (specify):			5,137	5,137		5,137	14
15	<b>TOTAL General Administration</b>	<b>264,861</b>	<b>24,090</b>	<b>1,695,677</b>	<b>1,984,628</b>	<b>(1,297,807)</b>	<b>686,821</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,459,101</b>	<b>564,856</b>	<b>3,054,415</b>	<b>5,078,372</b>	<b>(2,994,132)</b>	<b>2,084,240</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			38,443	38,443	141,839	180,282	17
18	Interest			28,141	28,141	367,699	395,840	18
19	Real Estate Taxes					62,638	62,638	19
20	Rent -- Facility and Grounds			1,821,390	1,821,390	(1,821,390)	0	20
21	Rent -- Equipment			6,015	6,015	(4,094)	1,921	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>1,893,989</b>	<b>1,893,989</b>	<b>(1,253,308)</b>	<b>640,681</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,459,101</b>	<b>564,856</b>	<b>4,948,404</b>	<b>6,972,361</b>	<b>(4,247,441)</b>	<b>2,724,920</b>	<b>24</b>

**Concord Place**

Report Period Beginning: 1/1/2010  
Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (109,640)	17	1
2	Office Room Rentals	(14,000)	10	2
3	Residents Phone Revenue	(38,514)	10	3
4	Food Sales	(14,406)	01	4
5	Outside Catering	(296,859)	01	5
6	Rooftop Rental (to extend of expense)	(229,344)	13	6
7	Billboard Rentals	(54,080)	13	7
8	Misc. Income	(1,796)	10	8
9	Interest Income	(604)	18	9
10	Food Service- Liquor	(108)	01	10
11	Bank Charges	(13,992)	10	11
12	Donations	(5,645)	10	12
13	Holiday Gifts and Expenses	(1,810)	10	13
14	Loss and Damage Expense	(9,222)	10	14
15	Travel and Entertainment	(184)	10	15
16	Meals and Entertainment	(359)	10	16
17	Management Fees	(432,000)	10	17
18	Keys, Locks & Doors- Banquets	(336)	02	18
19	Insurance- Liquor Liability	(975)	13	19
20	Interest Expencc	(28,141)	18	20
21	Penalties	(204)	10	21
22	Capitalized R&M	(12,710)	02	22
23				23
24	Building Co:			24
25	Rental Income	(1,821,390)	20	25
26	Interest Income	(690)	18	26
27	Interest Expencc	1,240,736	18	27
28	Real Estate Taxes	196,130	19	28
29	Depreciation Expense	251,479	17	29
30				30
31				31
32				32
33	Non- Care Allocation:			33
34	Dietary	(195,042)	01	34
35	Housekeeping, Laundry, Maintenance	(450,973)	02	35
36	Utilities	(693,612)	03	36
37	Activities, Social Service	(32,279)	07	37
38	A&C	(267,159)	10	38
39	Sales and Marketing	(179,878)	11	39
40	Employee Benefits	(48,645)	12	40
41	Interest	(843,602)	18	41
42	Real Estate Tax	(133,492)	19	42
43	Equipment Rental	(4,094)	21	43
44				44
45				45
46				46
47				47
48				48
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96			96
97			97
98			98
99			99
100			100
101	<b>Total</b>	(4,247,441)	<b>101</b>

Facility Name: Concord Place

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.18	\$ 27.77	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.22	9.91	3
4	Activity Director & Assistants	2.49	17.92	4
5	Social Service Workers			5
6	Head Cook	3.57	14.85	6
7	Cook Helpers/Assistants	17.23	10.60	7
8	Dishwashers	2.68	9.58	8
9	Maintenance Workers	2.77	14.52	9
10	Housekeepers	6.82	10.88	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.52	39.30	13
14	Clerical	5.35	12.64	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>55.82</b>	<b>\$ 12.57</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	N/A			\$	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>\$</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	City
1	2
N/A	

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
3	4	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:

1/1/2010

Ending:

12/31/2010

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	\$ 251,479	35	\$ 32,910	\$ (218,569)	\$ 855,661	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				1,195,572	38,443		59,779	21,336	385,146	6
7	Various			2000	685,460		20	34,273	34,273	377,003	7
8	Various			2001	175,089		20	8,754	8,754	87,544	8
9	Various			2002	595,044		20	29,752	29,752	267,770	9
10	Various			1988	33,891		20			33,891	10
11	Various			1991	3,461		20	173	173	3,461	11
12	Various			1992	2,960		20	148	148	2,812	12
13	Various			1995	2,858		20	143	143	2,287	13
14	Various			1996	11,419		20	571	571	8,565	14
15	Various			1997	9,154		20	458	458	6,407	15
16	Various			1998	44,693		20	2,253	2,253	29,051	16
17	TOTAL (lines 1 thru 16)				\$ 3,911,452	\$ 289,922		\$ 169,214	\$ (120,708)	\$ 2,059,598	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	\$	\$ 11,067	11,067	10	\$ 214,888	18
19	Vehicles	30,715				5	13,869	19
20	TOTAL (lines 18 and 19)	\$ 228,393	\$	\$ 11,067	11,067		\$ 228,757	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:

1/1/2010

Ending:

12/31/2010

**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									2
3									3
4									4
5	Various	1999	224,924		20	11,247	11,247	134,955	5
6	Various	2003	436,624		20	21,831	21,831	174,649	6
7	Limp	2004	7,525		20	376	376	2,634	7
8	Carpet	2004	154		20	8	8	54	8
9	Signs	2004	171		20	9	9	60	9
10	Building Improvement	2005	59,493		20	2,975	2,975	17,848	10
11	Carpet	2006	1,351		20	68	68	338	11
12	Signs	2006	1,270		20	64	64	318	12
13	Building Improvement	2006	49,748		20	2,487	2,487	12,437	13
14	Electrical Work	2007	1,220		20	61	61	244	14
15	Folding Partion Wall	2007	8,678		20	434	434	1,736	15
16	New Fire Suppression System	2007	5,990		20	300	300	1,198	16
17	Professional Fees	2007	3,850		20	193	193	770	17
18	Folding Partion Wall	2007	14,520		20	726	726	2,904	18
19	Concrete Removal	2007	1,761		20	88	88	352	19
20	New Concrete Sidewalks	2007	3,080		20	154	154	616	20
21	Various Carpet	2007	20,803		20	1,040	1,040	4,161	21
22	Ac Repair	2007	11,585		20	579	579	2,317	22
23	Carpeting	2007	6,114		20	306	306	917	23
24	Water Coil	2008	4,405		20	220	220	661	24
25	Ceiling Tiles	2008	2,967		20	148	148	445	25
26	Steam Coils	2008	2,710		20	136	136	407	26
27	Piping Work	2008	3,394		20	170	170	509	27
28	Windows	2008	3,850		20	193	193	578	28
29	Fire Alarm System	2008	2,997		20	150	150	450	29
30	Roof Replacement	2009	58,900		20	2,945	2,945	5,890	30
31	Bricks	2009	9,428		20	471	471	943	31
32	Flashing (Roof Project)	2009	10,113		20	506	506	1,011	32
33	Design - Lane Studio	2009	2,925		20	146	146	293	33
34	TOTAL (lines 1 thru 33)		\$ 960,551	\$		\$ 48,028	\$ 48,028	\$ 369,692	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:

1/1/2010

Ending:

12/31/2010

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	Engineer Drawings	2009	3,238		20	162	162	324	2
3	Parking Lot Resurfacing	2009	29,771		20	1,489	1,489	2,977	3
4	F & F Development	2009	31,064		20	1,553	1,553	3,106	4
5	Windows Repair	2009	2,600		20	130	130	260	5
6	Windows Repair	2009	7,400		20	370	370	740	6
7	Smoke Detector Repair	2010	3,526		20	176	176	176	7
8	A/C Repair- Valve & Actuator	2010	4,250		20	213	213	213	8
9	Landscaping	2010	4,934		20	247	247	247	9
10	Improvements	2010	100,421		20	5,021	5,021	5,021	10
11	Carpeting	2010	47,817		20	2,391	2,391	2,391	11
12									12
13									13
14									14
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32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 235,021	\$		\$ 11,751	\$ 11,751	\$ 15,455	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:

1/1/2010

Ending:

12/31/2010

**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
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

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

Facility Name: Concord Place

Report Period Beginning: 1/1/2010

Ending: 2/31/2010

**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 \$ 1,921

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	/ /	\$	\$ 19,071,968	/ /		\$ 1,240,736	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$	\$ 19,071,968			\$ 1,240,736	7
	<b>B. Non-Facility Related</b>										
8	Interest Income		X		/ /			/ /		-1,294	8
9	Allocation to Non-Care				/ /			/ /		-843,602	9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$ 19,071,968			\$ 395,840	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: **1/1/2010**Ending: **12/31/2010****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2010**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,868,783	\$ 1,868,783	1
2	Cash-Patient Deposits	9,027	9,027	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,123,298	1,123,298	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	134,368	134,368	6
7	Other Prepaid Expenses	108,313	108,313	7
8	Accounts Receivable (owners or related parties)	505,158	505,158	8
9	Other(specify): <u>See Attached</u>	113,496	14,297,510	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,862,443	\$ 18,046,457	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	787,868	7,675,518	15
16	Equipment, at Historical Cost	825,227	825,227	16
17	Accumulated Depreciation (book methods)	(1,002,684)	(6,977,452)	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):		129,594	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 610,411	\$ 5,881,487	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,472,854	\$ 23,927,944	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 288,255	\$ 288,255	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	249,688	249,688	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	62,202	62,202	30
31	Accrued Taxes Payable		258,859	31
32	Accrued Interest Payable	1,919,492	1,919,492	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<u>See Attached</u>	207,400	313,418	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 2,727,037	\$ 3,091,914	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		19,071,968	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<u>See Attached</u>	16,877,791	17,381,949	43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 16,877,791	\$ 36,453,917	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 19,604,828	\$ 39,545,831	45
46	<b>TOTAL EQUITY</b>	\$ (15,131,974)	\$ (15,617,887)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 4,472,854	\$ 23,927,944	47

\*(See instructions.)

Facility Name: Concord Place

Report Period Beginning: 1/1/2010

Ending:

12/31/2010

## 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	\$ 5,880,657	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 5,880,657</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	4,463	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 4,463</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	604	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 604</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	2,233,507	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 2,233,507</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 8,119,231</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	2,656,847	19
20	Health Care/ Personal Care	436,897	20
21	General Administration	1,984,628	21
<b>B. Capital Expense</b>			
22	Ownership	1,893,989	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Banquet Expenses	1,343,072	26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 8,315,433</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (196,202)</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>\$ (196,202)</b>	<b>31</b>