FOR BHF USE

LL2

Supportive Living Facility

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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.

I. Facility ID Number: 1000023

Facility Name: Concord Place

Address: 401 West Lake (Number) Northlake (City) 60164 (Zip Code)

County: Cook

Telephone Number: (708) 562-9000 **Fax #** (708) 409-2750

Federal Employer ID Number:

Date Current Owners were Certified: 4/10/2003

Type of Ownership:

[ ] VOLUNTARY, NON-PROFIT	[X] PROPRIETARY	[ ] GOVERNMENTAL
[ ] Charitable Corp.	[ ] Individual	[ ] State
[ ] Trust	[ ] Partnership	[ ] County
IRS Exemption Code	[X] Corporation	[ ] Other
	[ ] "Sub-S" Corp.	
	[ ] Limited Liability Co.	
	[ ] Trust	
	[ ] Other	

In the event there are further questions about this report, please contact:
Name: Steven N. Lavenda **Telephone Number:** (847) - 282- 6300
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2020 to 12/31/2020 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)
(Date)
(Type or Print Name)
(Title)

Paid Preparer

(Signed)
(Date)
(Print Name and Title) Steven N. Lavenda, CPA, Partner
(Firm Name & Address) Marcum LLP, Nine Parkway North, Suite 200 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax (847) 282-6301

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

Facility Name Concord Place Report Period Beginning: 1/1/2020 Ending: 12/31/2020

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units N/A

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 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 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	39,333	1,000		40,333	5
6	Double Unit	6,245			6,245	6
7	Other					7
8	TOTALS	45,578	1,000		46,578	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.38%

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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [X] 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 [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/2020 Fiscal Year: 12/31/2020
* 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 principal?** 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 principal?** 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 principal?** N/A
If no, explain. N/A

Facility Name: Concord Place **Report Period Beginning: 1/1/2020 Ending: 12/31/2020**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	1,022,565	990,238	37,536	2,050,339	(1,042,115)	1,008,224	1
2	Housekeeping, Laundry and Maintenance	581,348	280,370	541,030	1,402,748	(954,753)	447,995	2
3	Heat and Other Utilities			643,123	643,123	(437,729)	205,394	3
4	Other (specify):							4
5	**TOTAL General Services**	1,603,913	1,270,608	1,221,689	4,096,210	(2,434,597)	1,661,613	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	491,072	49,678	26,902	567,652		567,652	6
7	Activities and Social Services	224,428		14,445	238,873	(105,293)	133,580	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	715,500	49,678	41,347	806,525	(105,293)	701,232	9
	C. General Administration							
10	Administrative and Clerical	483,753	11,943	942,789	1,438,485	(1,020,454)	418,031	10
11	Marketing Materials, Promotions and Advertising	223,786		105,610	329,396	(155,723)	173,673	11
12	Employee Benefits and Payroll Taxes			664,162	664,162	(145,728)	518,434	12
13	Insurance-Property, Liability and Malpractice			304,595	304,595	(207,828)	96,767	13
14	Other (specify): Gift Shop			2,330	2,330		2,330	14
15	**TOTAL General Administration**	707,539	11,943	2,019,486	2,738,968	(1,529,733)	1,209,235	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	3,026,952	1,332,229	3,282,522	7,641,703	(4,069,623)	3,572,080	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			280,660	280,660	(108,541)	172,119	17
18	Interest					409,755	409,755	18
19	Real Estate Taxes					131,451	131,451	19
20	Rent -- Facility and Grounds			1,601,276	1,601,276	(1,601,276)		20
21	Rent -- Equipment			3,851	3,851	(2,621)	1,230	21
22	Other (specify):							22
23	**TOTAL Ownership**			1,885,787	1,885,787	(1,171,232)	714,555	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	3,026,952	1,332,229	5,168,309	9,527,490	(5,240,856)	4,286,634	24

Concord Place

Report Period Beginning: 1/1/2020
Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ (420,246)	17	1
2	Food Stamp Revenue	(244,718)	01	2
3	Telephone Revenue	(6,197)	10	3
4	Misc Revenue	(82,280)	10	4
5	Office Rental Revenue	(50,200)	10	5
6	Vending Income	(1,143)	01	6
7	Beverage Cost - Liquor	(401)	01	7
8	Bank Charges	(5,117)	10	8
9	Credit Card/Merchant Fees	(6,562)	10	9
10	Travel And Entertainment	(58)	10	10
11	Holiday Gifts	(21,531)	10	11
12	Meals & Entertainment	(223)	10	12
13	Management Fees	(432,000)	10	13
14	Insurance - Liquor Liability	(1,601)	13	14
15	Food Service - Liquor	(1,026)	01	15
16	State of Illinois Income Tax	(34,585)	10	16
17	Loss & Damage Expense	(6,878)	10	17
18	Food Revenue	(105)	01	18
19	Interest Income	(3,484)	18	19
20				20
21	LH.S. Real Estate, LLC			21
22	Building Co. - Depreciation	311,705	17	22
23	Building Co. - Rental Income	(1,601,276)	20	23
24	Building Co. - Interest Expense	1,286,497	18	24
25	Building Co. - Real Estate Taxes	411,594	19	25
26				26
27	Non - Care Allocation			27
28	Dietary	(794,722)	01	28
29	Housekeeping, Laundry, Maintenance	(954,753)	02	29
30	Utilities	(437,729)	03	30
31	Activities & Social Service	(105,293)	07	31
32	Administrative & Clerical	(374,824)	10	32
33	Sales & Marketing	(155,723)	11	33
34	Employee Benefits	(145,728)	12	34
35	Insurance	(206,227)	13	35
36	Interest	(873,258)	18	36
37	Real Estate Taxes	(280,144)	19	37
38	Equipment Rental	(2,621)	21	38
39				39
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41				41
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99				99
100				100
101	**Total**	(5,240,856)		101

Facility Name: Concord Place Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.95	$ 31.39	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.44	14.06	3
4	Activity Director & Assistants	5.59	19.29	4
5	Social Service Workers			5
6	Head Cook	2.09	22.42	6
7	Cook Helpers/Assistants	24.13	13.82	7
8	Dishwashers	8.38	13.28	8
9	Maintenance Workers	3.80	20.27	9
10	Housekeepers	14.74	13.74	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.76	60.40	13
14	Clerical	7.33	17.19	14
15	Marketing	2.36	45.60	15
16	Other			16
17	Total (lines 1 thru 16)	84.57	$ 17.21	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				OTHER RELATED BUSINESS ENTITIES				
Name	1	City	2	Name	3	City	4	Type of Business 5
N/A				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 [X]

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 [X]

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: 1/1/2020 Ending: 12/31/2020

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	$ 592,365	35	$ 32,910	$ (559,455)	$ 1,151,851	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				1,841,542		20	92,080	92,080	1,339,528	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			11,419	11
12	Various			1997	9,154		20			9,154	12
13	Various			1998	44,693		20			44,693	13
14	Various			1999	224,924		20			224,924	14
15	Various			2000	685,460		20	34,272	34,272	685,459	15
16				2001	175,089		20	8,754	8,754	166,331	16
17	TOTAL (lines 1 thru 16)				$ 4,187,302	$ 592,365		$ 168,016	$ (424,349)	$ 3,676,529	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	$	$ 4,103	4,103		$ 195,260	18
19	Vehicles	30,715					30,715	19
20	TOTAL (lines 18 and 19)	$ 229,996	$	$ 4,103	4,103		$ 225,975	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	Total Non-Care	$ 9,310,527	$	$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	$ 9,310,527	$	$	24

Facility Name & ID Number Concord Place # Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Carpeting	2015	6,648		20	332	332	1,994	1
2	Tuckpointing	2015	55,040		20	2,752	2,752	16,512	2
3	New Generator	2015	43,067		20	2,153	2,153	12,920	3
4									4
5									5
6									6
7									7
8									8
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 104,755	$		$ 5,237	$ 5,237	$ 31,426	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: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
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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 & ID Number Concord Place Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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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: 1/1/2020 Ending: 2/31/2020

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 $ 1,230

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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	Private Bank		X	Mortgage	/ /	$	$ 22,760,000	/ /		$ 1,286,497	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$ 22,760,000			$ 1,286,497	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-3,484	8
9	Allocation to IL				/ /			/ /		-873,258	9
10	TOTALS (lines 7, 8 and 9)					$	$ 22,760,000			$ 409,755	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:** 1/1/2020 **Ending:** 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 5,472,898	$ 5,472,898	1
2	Cash-Patient Deposits	12,912	12,912	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,545,328	1,545,328	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	219,689	219,689	6
7	Other Prepaid Expenses	11,721	11,721	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	919,208	919,208	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 8,181,756	$ 8,181,756	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	4,361,168	11,248,818	15
16	Equipment, at Historical Cost	1,356,789	1,356,789	16
17	Accumulated Depreciation (book methods)	(2,866,410)	(11,317,166)	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):			22
23	Other(specify): See Attached	5,528,967	5,595,739	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,380,514	$ 11,112,780	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 16,562,270	$ 19,294,536	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 819,139	$ 1,105,889	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	116,554	116,554	30
31	Accrued Taxes Payable	86,685	958,469	31
32	Accrued Interest Payable		104,834	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	3,170,837	3,170,837	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 4,193,215	$ 5,456,583	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		22,760,000	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	25,516,193	3,969,164	43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 25,516,193	$ 26,729,164	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 29,709,408	$ 32,185,747	45
46	**TOTAL EQUITY**	$ (13,147,138)	$ (12,891,211)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 16,562,270	$ 19,294,536	47

***(See instructions.)**

Facility Name: Concord Place **Report Period Beginning: 1/1/2020 Ending: 12/31/2020**

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 5,903,584	1
2	Discounts and Allowances	(58,137)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 5,845,447	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	244,823	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 244,823	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3,484	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 3,484	14
	D. Other Revenue (specify):		
15	**See Attached**	5,591,366	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 5,591,366	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 11,685,120	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	4,096,210	19
20	Health Care/ Personal Care	806,525	20
21	General Administration	2,738,968	21
	B. Capital Expense		
22	Ownership	1,885,787	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	**Banquent Expenses**	771,057	26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 10,298,547	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 1,386,573	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 1,386,573	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 5,845,447	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)	$ 5,845,447	37