

		FOR BHF USE			

LL2

Supportive Living Facility

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)

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 Northlake 60164
Number City 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	☒ PROPRIETARY	☐ GOVERNMENTAL
☐ Charitable Corp.	☐ Individual	☐ State
☐ Trust	☐ Partnership	☐ County
IRS Exemption Code	☒ Corporation	☐ Other
	☐ "Sub-S" Corp.	
	☐ Limited Liability Co.	
	☐ Trust	
	☐ Other	

In the event there are further questions about this report, please contact:

Name: Steve Lavenda Telephone Number: (847) 236 - 1111
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 1/1/2011 to 12/31/2011 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, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax (847) 236-1155

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

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	32,850	2,555		35,405	5
6	Double Unit	4,015	1,095		5,110	6
7	Other					7
8	TOTALS	36,865	3,650		40,515	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 77.08%

D. Indicate the number of paid bed-hold days the SLF had during this year
 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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: 12/31/2011 Fiscal Year: 12/31/2011

* 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:

1/1/2011

Ending:

12/31/2011

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	619,582	571,793	1,186	1,192,561	(649,572)	542,989	1
2	Housekeeping, Laundry and Maintenance	279,262	117,317	293,110	689,689	(476,306)	213,383	2
3	Heat and Other Utilities			926,081	926,081	(630,319)	295,762	3
4	Other (specify):							4
5	TOTAL General Services	898,844	689,110	1,220,377	2,808,331	(1,756,197)	1,052,134	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	297,980	9,777		307,757		307,757	6
7	Activities and Social Services	106,893		17,956	124,849	(38,298)	86,551	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	404,873	9,777	17,956	432,606	(38,298)	394,308	9
	C. General Administration							
10	Administrative and Clerical	355,415	18,579	813,904	1,187,898	(827,866)	360,032	10
11	Marketing Materials, Promotions and Advertising	190,815		225,573	416,388	(202,990)	213,398	11
12	Employee Benefits and Payroll Taxes			331,809	331,809	(59,514)	272,295	12
13	Insurance-Property, Liability and Malpractice			286,981	286,981	(195,636)	91,345	13
14	Other (specify):			1,700	1,700		1,700	14
15	TOTAL General Administration	546,230	18,579	1,659,967	2,224,776	(1,286,006)	938,770	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,849,947	717,466	2,898,300	5,465,713	(3,080,501)	2,385,212	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			50,100	50,100	138,545	188,645	17
18	Interest			86,400	86,400	303,730	390,130	18
19	Real Estate Taxes					67,930	67,930	19
20	Rent -- Facility and Grounds			1,748,370	1,748,370	(1,748,370)		20
21	Rent -- Equipment			1,816	1,816	(1,236)	580	21
22	Other (specify): Retailers Occupation Tax/Gift Shop			11,413	11,413	(9,465)	1,948	22
23	TOTAL Ownership			1,898,099	1,898,099	(1,248,866)	649,233	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,849,947	717,466	4,796,399	7,363,812	(4,329,367)	3,034,445	24

Concord Place

Report Period Beginning:	1/1/2011
Ending:	12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (112,935)	17	1
2	Office Room Rentals	(16,874)	10	2
3	Residents Phone Revenue	(39,427)	10	3
4	Food Sales	(14,823)	01	4
5	Interest Expense	(86,400)	18	5
6	Outside Catering	(394,288)	01	6
7	Insurance-Liquor Liability	(965)	13	7
8	Retailers Occupation Tax	(9,465)	22	8
9	Misc. Income	(2,369)	10	9
10	Beverage Cost-Liquor	(191)	01	10
11	Bad Debts	(78)	10	11
12	Bank Charges	8,354	10	12
13	Donations	(875)	10	13
14	Penalties	(279)	10	14
15	Holiday Gifts & Expenses	(1,543)	10	15
16	Travel & Entertainment	(278)	10	16
17	Meals & Entertainment	(26)	10	17
18	Management Fees	(432,000)	10	18
19	Keys, Locks, & Doors - Banquet	(455)	02	19
20				20
21				21
22				22
23				23
24	Building Co. Rental Income	(1,748,370)	20	24
25	Building Co. Interest Income	(660)	18	25
26	Building Co. Depreciation-Cap. Improvements	251,480	17	26
27	Building Co. Interest Expense	1,222,223	18	27
28	Building Co. Real Estate Taxes	212,700	19	28
29				29
30				30
31	Capitalized R&M	(21,096)	02	31
32				32
33	Non-Care Allocation:			33
34	Dietary	(240,270)	01	34
35	Houskeeping, Laundry, Maintenance	(454,755)	02	35
36	Utilities	(630,319)	03	36
37	Activities, Social Service	(38,298)	07	37
38	A&C	(342,471)	10	38
39	Sales and Marketing	(202,990)	11	39
40	Employee Benefits	(59,514)	12	40
41	Insurance	(194,671)	13	41
42	Interest	(831,433)	18	42
43	Real Estate Taxes	(144,770)	19	43
44	Equipment Rental	(1,236)	21	44
45				45
46				46
47				47
48				48
49				49
50				50
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53				53

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94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(4,329,367)	101

Facility Name: Concord Place

Report Period Beginning 1/1/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.78	\$ 24.63	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.46	9.96	3
4	Activity Director & Assistants	2.80	18.37	4
5	Social Service Workers			5
6	Head Cook	2.96	15.22	6
7	Cook Helpers/Assistants	24.04	9.22	7
8	Dishwashers	3.78	8.24	8
9	Maintenance Workers	3.38	12.08	9
10	Housekeepers	8.11	11.52	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.40	40.28	13
14	Clerical	5.30	13.99	14
15	Marketing	4.13	22.19	15
16	Other			16
17	Total (lines 1 thru 16)	70.15	\$ 12.68	17

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, 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).

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
Total				\$	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: Concord Place

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	\$ 251,480	35	\$ 32,910	\$ (218,570)	\$ 888,571	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				974,737			48,737	48,737	261,583	6
7	Various			2000	685,460		20	34,273	34,273	411,276	7
8	Various			2001	175,089		20	8,754	8,754	96,299	8
9	Various			2002	595,044		20	29,752	29,752	297,522	9
10	Various			2003	436,624		20	21,831	21,831	196,481	10
11	Various			1988	33,891		20			33,891	11
12	Various			1991	3,461		20			3,461	12
13	Various			1992	2,960		20	148	148	2,960	13
14	Various			1995	2,858		20	143	143	2,431	14
15	Various			1996	11,419		20	571	571	9,136	15
16				1997	9,154	50,100	20	458	(49,642)	6,870	16
17	TOTAL (lines 1 thru 16)				\$ 4,082,548	\$ 301,580		\$ 177,577	\$ (124,003)	\$ 2,210,480	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	\$ 197,678	18
19	Vehicles	30,715				5	30,715	19
20	TOTAL (lines 18 and 19)	\$ 228,393	\$	\$ 11,067	11,067		\$ 228,393	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:

1/1/2011

Ending:

12/31/2011

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	Various	1998	44,693		20	2,235	2,235	31,285	1
2	Limp	2004	7,525		20	376	376	2,634	2
3	Carpet	2004	154		20	8	8	54	3
4	Signs	2004	171		20	9	9	60	4
5	Building Improvement	2005	59,493		20	2,975	2,975	17,848	5
6	Carpet	2006	1,351		20	68	68	338	6
7	Signs	2006	1,270		20	64	64	318	7
8	Building Improvement	2006	49,748		20	2,487	2,487	12,437	8
9	Electrical Work	2007	1,220		20	61	61	244	9
10	Folding Partion Wall	2007	8,678		20	434	434	1,736	10
11	New Fire Suppression System	2007	5,990		20	300	300	1,198	11
12	Professional Fees	2007	3,850		20	193	193	770	12
13	Folding Partion Wall	2007	14,520		20	726	726	2,904	13
14	Concrete Removal	2007	1,761		20	88	88	352	14
15	New Concrete Sidewalks	2007	3,080		20	154	154	616	15
16	Various Carpet	2007	20,803		20	1,040	1,040	4,161	16
17	Ac Repair	2007	11,585		20	579	579	2,317	17
18	Carpeting	2007	6,114		20	306	306	917	18
19	Water Coil	2008	4,405		20	220	220	661	19
20	Ceiling Tiles	2008	2,967		20	148	148	445	20
21	Steam Coils	2008	2,710		20	136	136	407	21
22	Piping Work	2008	3,394		20	170	170	509	22
23	Windows	2008	3,850		20	193	193	578	23
24	Fire Alarm System	2008	2,997		20	150	150	450	24
25	Roof Replacement	2009	58,900		20	2,945	2,945	5,890	25
26	Bricks	2009	9,428		20	471	471	943	26
27	Flashing (Roof Project)	2009	10,113		20	506	506	1,011	27
28	Design - Lane Studio	2009	2,925		20	146	146	293	28
29	Engineer Drawings	2009	3,238		20	162	162	324	29
30	Parking Lot Resurfacing	2009	29,771		20	1,489	1,489	2,977	30
31	F & F Development	2009	31,064		20	1,553	1,553	3,106	31
32	Windows Repair	2009	2,600		20	130	130	260	32
33	Total Book Depreciation	2009	7,400		20	370	370	740	33
34	TOTAL (lines 1 thru 33)		\$ 417,769	\$		\$ 20,888	\$ 20,888	\$ 98,780	34

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

STATE OF ILLINOIS

Page 5B

Facility Name & ID Number Concord Place

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	2010	3,526		20	176	176	176	2
3	2010	4,250		20	213	213	213	3
4	2010	4,934		20	247	247	247	4
5	2010	100,421		20	5,021	5,021	5,021	5
6	2010	47,817		20	2,391	2,391	2,391	6
7	2011	150,000		20	7,500	7,500	7,500	7
8	2011	11,992		20	600	600	600	8
9	2011	2,536		20	127	127	127	9
10	2011	2,826		20	141	141	141	10
11	2011	3,742		20	187	187	187	11
12	1999	224,924		20	11,246	11,246	146,201	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		\$ 556,968	\$		\$ 27,848	\$ 27,848	\$ 162,803	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		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: 1/1/2011

Ending: 2/31/2011

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 \$ 580

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	/ /	\$	18,799,185	/ /		\$ 1,222,223	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	18,799,185			\$ 1,222,223	7
	B. Non-Facility Related										
8	Interest Income-Bldg. Co.		X		/ /			/ /		-660	8
9	Allocated to Non-Care		X		/ /			/ /		-831,433	9
10	TOTALS (lines 7, 8 and 9)					\$	18,799,185			\$ 390,130	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: **1/1/2011**Ending: **12/31/2011****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2011**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 138,359	\$ 138,359	1
2	Cash-Patient Deposits	5,912	5,912	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,496,912	2,496,912	3
4	Supply Inventory (priced at)	96	96	4
5	Short-Term Investments			5
6	Prepaid Insurance	99,486	99,486	6
7	Other Prepaid Expenses	21,661	21,661	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,026,941	15,578,279	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,789,367	\$ 18,340,705	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	2,085,630	8,973,280	15
16	Equipment, at Historical Cost	947,489	947,489	16
17	Accumulated Depreciation (book methods)	(816,594)	(7,042,842)	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):		107,378	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,216,525	\$ 7,213,905	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,005,892	\$ 25,554,610	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 286,712	\$ 286,712	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	20,709	20,709	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	87,290	87,290	30
31	Accrued Taxes Payable		205,946	31
32	Accrued Interest Payable	2,005,892	2,109,011	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	513,600	513,600	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,914,203	\$ 3,223,268	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		18,799,185	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	18,321,911	19,153,557	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 18,321,911	\$ 37,952,742	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 21,236,114	\$ 41,176,010	45
46	TOTAL EQUITY	\$ (15,230,222)	\$ (15,621,400)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,005,892	\$ 25,554,610	47

*(See instructions.)

Facility Name: Concord Place

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 6,527,429	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 6,527,429	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		9
10	Laundry	5,189	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 5,189	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	See Attached	1,967,877	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,967,877	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 8,500,495	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	2,808,331	19
20	Health Care/ Personal Care	432,606	20
21	General Administration	2,224,776	21
	B. Capital Expense		
22	Ownership	1,898,099	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26		1,173,829	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 8,537,641	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (37,146)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (37,146)	31

