

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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:

<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		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2018 to 12/31/2018 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)

\*Subject to the attached Accountants' Consulting (Date)

(Print Name Steven N. Lavenda, CPA

and Title Partner

(Firm Name Marcum LLP

& Address Nine Parkway North, Suite 200 Deerfield, IL 60015

(Telephone) (847) 282-6300 Fax (847) 282-6301

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

Name: Steven N. Lavenda Telephone Number: (847) 282 - 6300

Email Address:

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: 1/1/2018 Ending: 12/31/2018

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	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	45,625	1,095		46,720	5
6	Double Unit	5,840			5,840	6
7	Other					7
8	TOTALS	51,465	1,095		52,560	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 100.00%

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: 12/31/2018 Fiscal Year: 12/31/2018

\* 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

## STATE OF ILLINOIS

Page 3

Facility Name: Concord Place

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	895,061	803,670	2,358	1,701,089	(925,738)	775,351	1
2	Housekeeping, Laundry and Maintenance	492,692	202,280	518,634	1,213,606	(826,017)	387,589	2
3	Heat and Other Utilities			839,228	839,228	(571,277)	267,951	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>1,387,753</b>	<b>1,005,950</b>	<b>1,360,220</b>	<b>3,753,923</b>	<b>(2,323,032)</b>	<b>1,430,891</b>	<b>5</b>
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	444,867	20,608		465,475		465,475	6
7	Activities and Social Services	202,155		20,948	223,103	(105,405)	117,698	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>647,022</b>	<b>20,608</b>	<b>20,948</b>	<b>688,578</b>	<b>(105,405)</b>	<b>583,173</b>	<b>9</b>
	<b>C. General Administration</b>							
10	Administrative and Clerical	520,987	11,823	943,255	1,476,065	(1,071,816)	404,249	10
11	Marketing Materials, Promotions and Advertising	266,877		110,029	376,906	(210,147)	166,759	11
12	Employee Benefits and Payroll Taxes			659,978	659,978	(154,313)	505,665	12
13	Insurance-Property, Liability and Malpractice			257,973	257,973	(176,022)	81,951	13
14	Other (specify): Gift Shop			422	422		422	14
15	<b>TOTAL General Administration</b>	<b>787,864</b>	<b>11,823</b>	<b>1,971,657</b>	<b>2,771,344</b>	<b>(1,612,299)</b>	<b>1,159,045</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>2,822,639</b>	<b>1,038,381</b>	<b>3,352,825</b>	<b>7,213,845</b>	<b>(4,040,736)</b>	<b>3,173,109</b>	<b>16</b>
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			228,760	228,760	(46,239)	182,521	17
18	Interest					426,501	426,501	18
19	Real Estate Taxes			12	12	131,442	131,454	19
20	Rent -- Facility and Grounds			1,985,701	1,985,701	(1,985,701)	0	20
21	Rent -- Equipment			9,068	9,068	(6,172)	2,896	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>2,223,541</b>	<b>2,223,541</b>	<b>(1,480,168)</b>	<b>743,373</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>2,822,639</b>	<b>1,038,381</b>	<b>5,576,366</b>	<b>9,437,386</b>	<b>(5,520,903)</b>	<b>3,916,483</b>	<b>24</b>

STATE OF ILLINOIS			Page 3A
Concord Place			
Report Period Beginning: 1/1/2018			
Ending: 12/31/2018			
Sch. V Line			
NON-ALLOWABLE EXPENSES			
	Amount	Reference	
1 Non-Straight Line Depreciation	\$ (291,178)	17	1
2 Food Stamp Revenue	(229,119)	01	2
3 Telephone Revenue	(7,616)	10	3
4 Misc Revenue	(7,605)	10	4
5 Office Rental Revenue	(49,100)	10	5
6 Vending Income	(1,785)	01	6
7 Beverage Cost - Liquor	(853)	01	7
8 Bank Charges	(1,262)	10	8
9 Credit Card/Merchant Fees	(16,698)	10	9
10 Donations	(1,900)	10	10
11 Holiday Gifts	(23,438)	10	11
12 Meals & Entertainment	(53)	10	12
13 Management Fees	(432,000)	10	13
14 Insurance - Liquor Liability	(1,372)	13	14
15 Food Service - Liquor	(249)	01	15
16 Bad Debts	(12,696)	10	16
17 Cable Service	(127)	03	17
18 Loss & Damage Loss	(10,920)	10	18
19			19
20 I.H.S. Real Estate, LLC			20
21 Building Co. - Depreciation	244,936	17	21
22 Building Co. - Rental Income	(1,985,701)	20	22
23 Building Co. - Interest Expense	1,335,448	18	23
24 Building Co. - Real Estate Taxes	411,594	19	24
25			25
26 Non - Care Allocation			26
27 Dietary	(694,232)	01	27
28 Housekeeping, Laundry, Maintenance	(826,017)	02	28
29 Utilities	(571,050)	03	29
30 Activities & Social Service	(105,405)	07	30
31 Administrative & Clerical	(509,428)	10	31
32 Sales & Marketing	(210,147)	11	32
33 Employee Benefits	(154,213)	12	33
34 Insurance	(174,680)	13	34
35 Interest	(908,947)	18	35
36 Real Estate Taxes	(280,152)	19	36
37 Equipment Rental	(6,172)	21	37
38			38
39			39
40			40
41			41
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96			96
97			97
98			98
99			99
100			100
101 Total	(5,520,903)		101

Facility Name: Concord Place

Report Period Beginning 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.68	\$ 28.49	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	13.78	12.05	3
4	Activity Director & Assistants	5.04	19.29	4
5	Social Service Workers			5
6	Head Cook	3.16	15.63	6
7	Cook Helpers/Assistants	27.82	11.46	7
8	Dishwashers	6.21	10.02	8
9	Maintenance Workers	2.70	27.86	9
10	Housekeepers	11.60	13.93	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.36	59.16	13
14	Clerical	5.16	21.47	14
15	Marketing	3.82	33.59	15
16	Other			16
17	Total (lines 1 thru 16)	83.32	\$ 16.29	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			

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

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: 1/1/2018 Ending: 12/31/2018

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	\$ 473,696	35	\$ 32,910	\$ (440,786)	\$ 1,118,941	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				1,841,542			92,081	92,081	1,155,367	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	2,232	2,232	44,692	13
14	Various			1999	224,924		20	11,247	11,247	213,682	14
15	Various			2000	685,460		20	34,273	34,273	616,914	15
16	Various			2001	175,089		20	8,754	8,754	148,823	16
17	TOTAL (lines 1 thru 16)				\$ 4,187,302	\$ 473,696		\$ 181,497	\$ (292,199)	\$ 3,362,162	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	\$	\$ 1,024	1,024		\$ 190,132	18
19	Vehicles	30,715					13,869	19
20	TOTAL (lines 18 and 19)	\$ 229,996	\$	\$ 1,024	1,024		\$ 204,001	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

**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	Wall Covering, Carpeting, Closet Shelves, And Bathrooms	2011	150,000		20	7,500	7,500	60,000	1
2	Small And Large Coils	2011	11,992		20	600	600	4,799	2
3	Boiler Water And Cooling Tower Treatment, Tower Biocide	2011	2,536		20	127	127	1,016	3
4	Combin Sys, Control Panel, Mic And Dual Phono	2011	2,826		20	141	141	1,129	4
5	6.5"2Wy Vent Clng Spk W/Xfmr Pr	2011	3,742		20	187	187	1,496	5
6	Carpeting	2015	6,648		20	332	332	1,330	6
7	Tuckpointing	2015	55,040		20	2,752	2,752	11,008	7
8	New Generator	2015	43,067		20	2,153	2,153	8,613	8
9									9
10									10
11									11
12									12
13									13
14									14
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17									17
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 275,851	\$		\$ 13,793	\$ 13,793	\$ 89,391	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
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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.



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
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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: 1/1/2018 Ending: 2/31/2018

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 \$ 2,896

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	Private Bank		X	Mortgage	/ /	\$	23,930,000	/ /		\$ 1,335,448	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	23,930,000			\$ 1,335,448	7
	B. Non-Facility Related										
8	Allocation to IL				/ /			/ /		(908,947)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	23,930,000			\$ 426,501	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.

## STATE OF ILLINOIS

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Facility Name: Concord Place

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 3,348,132	\$ 3,348,132	1
2	Cash-Patient Deposits	10,912	10,912	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,809,055	1,809,055	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	69,750	69,750	6
7	Other Prepaid Expenses	645	645	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	3,682,767	3,682,767	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 8,921,261	\$ 8,921,261	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	4,087,763	10,975,413	15
16	Equipment, at Historical Cost	1,298,602	1,298,602	16
17	Accumulated Depreciation (book methods)	(2,328,788)	(10,289,678)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		200,315	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,057,577	\$ 6,413,252	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 11,978,838	\$ 15,334,513	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 129,654	\$ 129,654	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable		750,834	31
32	Accrued Interest Payable		106,070	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>	957,047	957,047	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,086,701	\$ 1,943,605	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		23,930,000	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<u>See Attached</u>	23,884,994	2,282,239	43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 23,884,994	\$ 26,212,239	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 24,971,695	\$ 28,155,844	45
46	<b>TOTAL EQUITY</b>	\$ (12,992,857)	\$ (12,821,331)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 11,978,838	\$ 15,334,513	47

\*(See instructions.)

Facility Name: Concord Place

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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

		1	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 5,149,435	1
2	Discounts and Allowances	(20,059)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 5,129,376	3
	<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	229,119	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 229,119	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$	14
	<b>D. Other Revenue (specify):</b>		
15		6,783,123	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 6,783,123	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 12,141,618	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	3,753,923	19
20	Health Care/ Personal Care	688,578	20
21	General Administration	2,771,344	21
	<b>B. Capital Expense</b>		
22	Ownership	2,223,541	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	<b>Banquet Expenses</b>	2,066,608	26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 11,503,994	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 637,624	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 637,624	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 5,129,376	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 5,129,376	37