

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2019 to 12/31/2019 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 Report

(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

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

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	43,070	1,095		44,165	5
6	Double Unit	5,840			5,840	6
7	Other					7
8	TOTALS	48,910	1,095		50,005	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.14%

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: 12/31/2019 Fiscal Year: 12/31/2019

* 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

STATE OF ILLINOIS

Page 3

Facility Name: Concord Place

Report Period Beginning:

1/1/2019

Ending: 12/31/2019

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	981,614	815,543	2,795	1,799,952	(937,795)	862,157	1
2	Housekeeping, Laundry and Maintenance	540,658	238,760	466,658	1,246,076	(848,117)	397,959	2
3	Heat and Other Utilities			852,342	852,342	(580,143)	272,199	3
4	Other (specify):							4
5	TOTAL General Services	1,522,272	1,054,303	1,321,795	3,898,370	(2,366,055)	1,532,315	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	477,589	16,118		493,707		493,707	6
7	Activities and Social Services	242,070		22,569	264,639	(120,472)	144,167	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	719,659	16,118	22,569	758,346	(120,472)	637,874	9
	C. General Administration							
10	Administrative and Clerical	559,862	11,762	972,819	1,544,443	(1,105,892)	438,551	10
11	Marketing Materials, Promotions and Advertising	296,644		85,533	382,177	(204,798)	177,379	11
12	Employee Benefits and Payroll Taxes			632,429	632,429	(129,087)	503,342	12
13	Insurance-Property, Liability and Malpractice			269,647	269,647	(184,005)	85,642	13
14	Other (specify):							14
15	TOTAL General Administration	856,506	11,762	1,960,428	2,828,696	(1,623,782)	1,204,914	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	3,098,437	1,082,183	3,304,792	7,485,412	(4,110,309)	3,375,103	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			247,823	247,823	(67,539)	180,284	17
18	Interest					444,578	444,578	18
19	Real Estate Taxes			169,861	169,861	15,838	185,699	19
20	Rent -- Facility and Grounds			1,996,256	1,996,256	(1,996,256)	(0)	20
21	Rent -- Equipment			10,842	10,842	(7,379)	3,463	21
22	Other (specify):							22
23	TOTAL Ownership			2,424,782	2,424,782	(1,610,758)	814,024	23
24	GRAND TOTAL (Sum of lines 16 and 23)	3,098,437	1,082,183	5,729,574	9,910,194	(5,721,068)	4,189,126	24

STATE OF ILLINOIS		Page 3A
Concord Place		
Report Period Beginning: 1/1/2019		
Ending: 12/31/2019		
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (312,475)	17 1
2 Food Stamp Revenue	(215,001)	01 2
3 Telephone Revenue	(6,812)	10 3
4 Misc Revenue	(14,081)	10 4
5 Office Rental Revenue	(45,367)	10 5
6 Vending Income	(1,697)	01 6
7 Beverage Cost - Liquor	(100)	01 7
8 Bank Charges	(645)	10 8
9 Credit Card/Merchant Fees	(16,746)	10 9
10 Travel And Entertainment	(211)	10 10
11 Holiday Gifts	(18,583)	10 11
12 Meals & Entertainment	(105)	10 12
13 Management Fees	(468,000)	10 13
14 Insurance - Liquor Liability	(1,486)	13 14
15 Food Service - Liquor	(540)	01 15
16 State of Illinois Income Tax	(29,000)	10 16
17 Cable Service	(42)	03 17
18		18
19		19
20 I.H.S. Real Estate, LLC		20
21 Building Co. - Depreciation	244,936	17 21
22 Building Co. - Rental Income	(1,996,256)	20 22
23 Building Co. - Interest Expense	1,392,049	18 23
24 Building Co. - Real Estate Taxes	411,594	19 24
25		25
26		26
27 Non - Care Allocation		27
28 Dietary	(720,456)	01 28
29 Housekeeping, Laundry, Maintenance	(848,117)	02 29
30 Utilities	(580,101)	03 30
31 Activities & Social Service	(130,472)	07 31
32 Administrative & Clerical	(506,343)	10 32
33 Sales & Marketing	(204,798)	11 33
34 Employee Benefits	(129,087)	12 34
35 Insurance	(182,519)	13 35
36 Interest	(947,471)	18 36
37 Real Estate Taxes	(395,756)	19 37
38 Equipment Rental	(7,379)	21 38
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99		99
100		100
101 Total	(5,721,068)	101

Facility Name: Concord Place

Report Period Beginning 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.49	\$ 34.77	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10.81	16.43	3
4	Activity Director & Assistants	6.03	19.29	4
5	Social Service Workers			5
6	Head Cook	2.12	22.42	6
7	Cook Helpers/Assistants	22.03	15.53	7
8	Dishwashers	5.69	14.47	8
9	Maintenance Workers	3.95	20.27	9
10	Housekeepers	11.98	16.29	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.65	60.40	13
14	Clerical	6.36	17.19	14
15	Marketing	3.13	45.60	15
16	Other			16
17	Total (lines 1 thru 16)	76.24	\$ 19.54	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		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				\$	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:

1/1/2019

Ending:

12/31/2019

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	\$ 492,759	35	\$ 32,910	\$ (459,849)	\$ 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	92,081	92,081	1,247,448	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	11,242	11,242	224,924	14
15	Various			2000	685,460		20	34,273	34,273	651,187	15
16	Various			2001	175,089		20	8,754	8,754	157,577	16
17	TOTAL (lines 1 thru 16)				\$ 4,187,302	\$ 492,759		\$ 179,260	\$ (313,499)	\$ 3,541,423	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		\$ 191,157	18
19	Vehicles	30,715					13,869	19
20	TOTAL (lines 18 and 19)	\$ 229,996	\$	\$ 1,024	1,024		\$ 205,026	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 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	1,662	1
2	Tuckpointing	2015	55,040		20	2,752	2,752	13,760	2
3	New Generator	2015	43,067		20	2,153	2,153	10,767	3
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 104,755	\$		\$ 5,238	\$ 5,238	\$ 26,189	34

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

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
6									6
7									7
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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
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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.

Facility Name: Concord Place

Report Period Beginning: 1/1/2019

Ending: 2/31/2019

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 \$ 3,463

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**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Private Bank		X	Mortgage	/ /	\$	23,360,000	/ /		\$ 1,392,049	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	23,360,000			\$ 1,392,049	7
	B. Non-Facility Related										
8	Allocation to IL				/ /			/ /		-947,471	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	23,360,000			\$ 444,578	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: **1/1/2019**Ending: **12/31/2019****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2019**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,642,092	\$ 4,642,092	1
2	Cash-Patient Deposits	10,912	10,912	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,049,102	2,049,102	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	104,215	104,215	6
7	Other Prepaid Expenses	19,291	19,291	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	99,224	99,224	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,924,836	\$ 6,924,836	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	4,236,233	11,123,883	15
16	Equipment, at Historical Cost	1,350,766	1,350,766	16
17	Accumulated Depreciation (book methods)	(2,583,846)	(10,789,672)	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):	4,367,191	4,500,734	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,370,344	\$ 10,414,311	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,295,180	\$ 17,339,147	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 622,691	\$ 601,105	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	103,756	103,756	30
31	Accrued Taxes Payable		887,918	31
32	Accrued Interest Payable		116,875	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	884,823	884,823	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,611,270	\$ 2,594,477	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		23,360,000	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	25,196,352	3,635,644	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 25,196,352	\$ 26,995,644	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 26,807,622	\$ 29,590,121	45
46	TOTAL EQUITY	\$ (12,512,442)	\$ (12,250,974)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,295,180	\$ 17,339,147	47

*(See instructions.)

Facility Name: Concord Place

Report Period Beginning: 1/1/2019

Ending:

12/31/2019

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

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 5,663,669	1
2	Discounts and Allowances	(65,678)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,597,991	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	215,001	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 215,001	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	6,824,207	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 6,824,207	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 12,637,199	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	3,898,370	19
20	Health Care/ Personal Care	758,346	20
21	General Administration	2,828,696	21
	B. Capital Expense		
22	Ownership	2,424,782	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Banquet Expenses	1,752,298	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 11,662,492	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 974,707	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 974,707	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 5,597,991	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)	\$ 5,597,991	37