

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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

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

☐

Charitable Corp.

☐

Trust

IRS Exemption Code

☒

PROPRIETARY

☐

Individual

☐

Partnership

☒

Corporation

☐

"Sub-S" Corp.

☐

Limited Liability Co.

☐

Trust

☐

Other

☐

GOVERNMENTAL

☐

State

☐

County

☐

Other

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

Name: Colin Shaw Telephone Number: (630) 420-1360

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 1/1/2021 to 12/31/2021 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) 5/27/2022

(Type or Print Name) Brian J. Chung

(Title) Chief Financial Officer

Paid Preparer

(Signed) 5/27/2022

(Print Name and Title) Colin Shaw, CPA
Principal

(Firm Name & Address) DHJJ
184 Shuman Boulevard, #200

(Telephone) (630) 420-1360 Fax # (630) 420-1463

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

HFS 3745C (N-4-05)

IL478-2471

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	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	45,384	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	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	45,260	1,066		46,326	5
6	Double Unit	6,115			6,115	6
7	Other					7
8	TOTALS	51,375	1,066		52,441	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.50%

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)

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/2021 Fiscal Year: 12/31/2021

* 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:

1/1/2021

Ending:

12/31/2021

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	1,175,228	999,745		2,174,973	(1,110,802)	1,064,171	1
2	Housekeeping, Laundry and Maintenance	567,728	185,315	557,988	1,311,031	(891,501)	419,530	2
3	Heat and Other Utilities			851,418	851,418	(578,967)	272,451	3
4	Other (specify):							4
5	TOTAL General Services	1,742,956	1,185,060	1,409,406	4,337,422	(2,581,270)	1,756,152	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	592,883	5,273	11,254	609,410		609,410	6
7	Activities and Social Services	242,821			242,821	(106,841)	135,980	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	835,704	5,273	11,254	852,231	(106,841)	745,390	9
	C. General Administration							
10	Administrative and Clerical	614,098	152,888	898,696	1,665,682	(1,062,847)	602,835	10
11	Marketing Materials, Promotions and Advertising	236,878		87,805	324,683	(152,601)	172,082	11
12	Employee Benefits and Payroll Taxes			607,585	607,585	(133,669)	473,916	12
13	Insurance-Property, Liability and Malpractice			692,047	692,047	(471,834)	220,213	13
14	Other (specify):							14
15	TOTAL General Administration	850,976	152,888	2,286,133	3,289,997	(1,820,951)	1,469,046	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	3,429,636	1,343,221	3,706,793	8,479,650	(4,509,062)	3,970,588	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			486,406	486,406		486,406	17
18	Interest			1,340,204	1,340,204	(915,070)	425,134	18
19	Real Estate Taxes			532,485	532,485	(362,090)	170,395	19
20	Rent -- Facility and Grounds			4	4		4	20
21	Rent -- Equipment			6,283	6,283	(4,272)	2,011	21
22	Other (specify): Amortization - Loan costs			66,772	66,772		66,772	22
23	TOTAL Ownership			2,432,154	2,432,154	(1,281,432)	1,150,722	23
24	GRAND TOTAL (Sum of lines 16 and 23)	3,429,636	1,343,221	6,138,947	10,911,804	(5,790,494)	5,121,310	24

STATE OF ILLINOIS

Page 3 supplemental

Facility Name: Concord Place

Report Period Beginning:

1/1/2021

Ending: 12/31/2021

Supplemental Schedule of Non-Allowable Expenses

	1		
	Amount	reference	
Food stamp revenue	(262,523)	1	
SLF Telephone revenue	(5,567)	10	
Misc revenue	(53,118)	10	
Office Rental Revenue	(41,293)	10	
Vending Income	-	1	
Beverage Cost - Liquor	(239)	1	
Bank charges	(6,433)	10	
Credit Card/ Merchant Fees	(9,598)	10	
Travel and Entertainment	(75)	10	
Holiday Gifts	(6,676)	10	
Meals & Entertainment	(124)	10	
Management Fees	(432,000)	10	
Insurance Liquor Liability	(1,242)	13	
Food Service - Liquor	(301)	1	
State of Illinois income tax	(74,886)	10	
Loss & Damage	-	10	
Food Revenue	500	1	
Interest Income	(3,731)	18	
Non - Care Allocation			
Dietary	(848,239)	1	
Housekeeping, Laundry, Maintenance	(891,501)	2	
Utilities	(578,964)	3	
Activities & Social Services	(106,841)	7	
Admin & Clerical	(433,077)	10	
Sales & Marketing	(152,601)	11	
Employee benefits	(133,669)	12	
Insurance	(470,592)	13	
Interest	(911,339)	18	
Real Estate Taxes	(362,090)	19	
Equipment rental	(4,272)	21	
	(5,790,492)		

Facility Name: Concord Place

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 32.20	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	14	13.44	3
4	Activity Director & Assistants	2	18.50	4
5	Social Service Workers			5
6	Head Cook	3	18.00	6
7	Cook Helpers/Assistants	2	16.00	7
8	Dishwashers	5	15.00	8
9	Maintenance Workers	8	17.00	9
10	Housekeepers	9	14.00	10
11	Laundry			11
12	Managers	10	34.20	12
13	Other Administrative	3	25.00	13
14	Clerical	4	15.25	14
15	Marketing	3	26.00	15
16	Other	22	14.00	16
17	Total (lines 1 thru 16)	86	\$	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		Northlake		Building entity	
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:

1/1/2021

Ending:

12/31/2021

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	\$	35	\$	\$	\$ 1,151,851	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total from Supplemental Page 5s				2,230,981	111,549	20	111,549	111,549	1,419,651	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			685,460	15
16	Various		2001		175,089	8,758	20	8,758		175,089	16
17	TOTAL (lines 1 thru 16)				\$ 4,576,741	\$ 120,307		\$ 120,307	\$ 111,549	\$ 3,765,411	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	\$ 4,021	\$ 4,021	\$	5	\$ 199,281	18
19	Vehicles	30,715				5	30,715	19
20	TOTAL (lines 18 and 19)		\$ 4,021	\$ 4,021	\$		\$ 229,996	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	\$ 12,386,960	\$ \$ 362,078	\$ \$ 7,603,436	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 12,386,960	\$ 362,078	\$ 7,603,436	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	Totals from Page 5, Carried Forward		\$	\$		\$	\$	\$	1
2	Various	2002	595,044	29,752	20	29,752		565,290	2
3	Various	2003	436,624	21,831	20	21,831		392,960	3
4	Various	2004	7,850	393	20	393		6,677	4
5	Various	2005	59,493	2,975	20	2,975		47,598	5
6	Various	2006	52,369	2,618	20	2,618		39,280	6
7	Various	2007	77,601	3,880	20	3,880		54,024	7
8	Various	2008	20,323	1,016	20	1,016		13,216	8
9	Various	2009	155,439	7,772	20	7,772		93,265	9
10	Various	2010	160,948	8,047	20	8,047		88,526	10
11	Various	2011	171,096	8,555	20	8,555		94,105	11
12	Various	2021	494,194	24,710	20	24,710		24,710	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)		\$ 2,230,981	\$ 111,549		\$ 111,549	\$	\$ 1,419,651	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	Totals from Page 5A, Carried Forward		\$ 2,230,981	\$ 111,549		\$ 111,549	\$	\$ 1,419,651	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,230,981	\$ 111,549		\$ 111,549	\$	\$ 1,419,651	34

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

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	TOTAL				\$			7

8. Is movable equipment rental included in building rental?

☐ YES ☐ NO

9. Rental amount for movable equipment \$ 6,283

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	12/29/21	\$ 22,130,000	\$ 21,908,700	/ /	3.6623	\$ 1,340,204	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 22,130,000	\$ 21,908,700			\$ 1,340,204	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		3,731	8
9	Allocation to IL				/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 22,130,000	\$ 21,908,700			\$ 1,343,935	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: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,902,172	\$ 4,902,172	1
2	Cash-Patient Deposits	12,912	12,912	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 142,000)	1,437,081	1,437,081	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	70,107	70,107	6
7	Other Prepaid Expenses	18,188	18,188	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,440,460	\$ 6,440,460	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	4,855,362	11,743,012	15
16	Equipment, at Historical Cost	1,423,386	1,423,386	16
17	Accumulated Depreciation (book methods)	(2,903,489)	(11,598,843)	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	6,250,387	1,780,420	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,625,646	\$ 7,576,575	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,066,106	\$ 14,017,035	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 129,735	\$ 127,706	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	140,700	140,700	30
31	Accrued Taxes Payable	158,714	691,199	31
32	Accrued Interest Payable		69,158	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See attached	394,572	394,572	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 823,721	\$ 1,423,335	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		21,908,700	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	See attached	26,507,949	2,395,843	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 26,507,949	\$ 24,304,543	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 27,331,670	\$ 25,727,878	45
46	TOTAL EQUITY	\$ (11,265,564)	\$ (11,710,843)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,066,106	\$ 14,017,035	47

*(See instructions.)

STATE OF ILLINOIS

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Facility Name: Concord Place

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

Supplemental Schedule of Other Assets and Liabilities

		1 Operating	2 After Consolidation*	
	B. Long-Term Assets			
23A	Due from Various	\$ 5,506,350	\$ 1,780,420	
23B	Investment in IHS Real Estate, LLC	744,037		
		6,250,387	1,780,420	

		1 Operating	2 After Consolidation*	
	Other Current Liabilities(specify):			
35A	Prepaid Banquet Monies	\$ 92,514	\$ 92,514	
35B	Pet Deposit	1,500	1,500	
35C	Security Deposits	300,558	300,558	
		394,572	394,572	

	Other Long-Term Liabilities(specify):			
42A	Due to Various	26,404,248	1,839,346	
42B	Loan Payable - Grant	103,701	103,701	
42C	Interest Rate Swap Liability	-	452,796	
		26,507,949	2,395,843	

Facility Name: Concord Place

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 5,957,069	1
2	Discounts and Allowances	(12,591)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,944,478	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	262,523	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 262,523	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3,731	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,731	14
	D. Other Revenue (specify):		
15	See Attached	5,018,368	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,018,368	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 11,229,100	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	4,337,422	19
20	Health Care/ Personal Care	852,231	20
21	General Administration	3,289,997	21
	B. Capital Expense		
22	Ownership	2,432,154	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): PPP forgiveness	(796,165)	25
26	Banquet expenses	239,322	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 10,354,961	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 874,139	29
30	Income Taxes	\$ 123,146	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 750,993	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 5,944,478	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)	\$ 5,944,478	37

Facility Name: Concord Place

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

Supplemental Schedule of Other Revenue & Expenses

	D. Other Revenue (specify):		
15A	Independent Living Revenue	\$ 4,310,399	
15B	Self Living Telephone Revenue	5,567	
15C	Self Miscellaneous Revenue	1,252	
15D	Non-Kosher Banquet Revenue	363,278	
15E	Kosher Banquet Revenue	85	
15F	Miscellaneous Revenue	51,866	
15G	Rental Concessions	24,852	
15H	Office Rental Revenue	41,293	
15I	Rooftop Revenue	91,443	
15J	Billboard Rental Revenue	128,333	
		5,018,368	