

		FOR BHF USE			

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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.

<p>I. Facility ID Number: <u>1000011</u></p> <p>Facility Name: <u>Victory Centre of Park Forest</u></p> <p>Address: <u>101 Main Street</u> <u>Park Forest</u> <u>60466</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 283-2921</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/19/2002</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td>_____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u> Email Address: _____</p>	<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 type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust	_____		<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2014</u> to <u>12/31/2014</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>
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Facility Name Victory Centre of Park Forest

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	67	Single Unit Apartment	67	24,455	1
2	12	Double Unit Apartment	12	4,380	2
3		Other		2,730	3
4	79	TOTALS	79	31,565	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	19,957	1,468		21,425	5
6	Double Unit	1,203	88		1,291	6
7	Other	2,730			2,730	7
8	TOTALS	23,890	1,556		25,446	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 80.61%

D. Indicate the number of paid bed-hold days the SLF had during this year 464 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 5 (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)

N/A

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

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: Victory Centre of Park Forest

Report Period Beginning:

1/1/2014

Ending: 12/31/2014

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	222,752	179,994	22,723	425,469	6,633	432,102	1
2	Housekeeping, Laundry and Maintenance	124,178	38,410	76,714	239,302	4,302	243,604	2
3	Heat and Other Utilities			90,612	90,612	138	90,750	3
4	Other (specify):							4
5	TOTAL General Services	346,930	218,404	190,049	755,383	11,073	766,456	5
B. Health Care and Programs								
6	Health Care/ Personal Care	384,550	487	25,354	410,391	8,006	418,397	6
7	Activities and Social Services	18,181	2,785	13,819	34,785	6,940	41,725	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	402,731	3,272	39,173	445,176	14,946	460,122	9
C. General Administration								
10	Administrative and Clerical	216,476	26,271	446,054	688,801	(147,771)	541,030	10
11	Marketing Materials, Promotions and Advertising	55,165	1,973	37,371	94,509	26,533	121,042	11
12	Employee Benefits and Payroll Taxes			221,609	221,609		221,609	12
13	Insurance-Property, Liability and Malpractice			26,182	26,182	838	27,020	13
14	Other (specify):					16,003	16,003	14
15	TOTAL General Administration	271,641	28,244	731,216	1,031,101	(104,396)	926,705	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,021,302	249,920	960,438	2,231,660	(78,377)	2,153,283	16
Capital Expenses								
D. Ownership								
17	Depreciation			337,203	337,203	(33,959)	303,244	17
18	Interest			234,777	234,777	(1,436)	233,341	18
19	Real Estate Taxes			159,839	159,839		159,839	19
20	Rent -- Facility and Grounds			811	811	8,691	9,502	20
21	Rent -- Equipment			9,916	9,916	75	9,991	21
22	Other (specify): MIP & Amortization			33,211	33,211		33,211	22
23	TOTAL Ownership			775,757	775,757	(26,629)	749,128	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,021,302	249,920	1,736,195	3,007,417	(105,006)	2,902,411	24

Victory Centre of Park Forest

Report Period Beginning: 1/1/2014
Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (33,959)	17	1
2	Guest Meals	(30)	01	2
3	Other Income	(6,686)	10	3
4	Meals and Entertainment	(1,109)	11	4
5	Bank Service Charges	(1,622)	10	5
6	Charitable Contributions	(1,118)	10	6
7	Resident Gifts	(3,957)	10	7
8	Bad Debt- Tenant	(42,779)	10	8
9	Bad Debt- Medicaid	(59,154)	10	9
10	Cable TV	(708)	02	10
11	Management Fees	(162,823)	10	11
12	Asset Management Fee	(5,000)	10	12
13	Interest Income-Escrows	(398)	18	13
14	Interest Income	(1,038)	18	14
15	Additional R&M	1,200	02	15
16	PY Equipment Rental	(216)	10	16
17				17
18	PATHWAY MANAGEMENT LLC:			18
19	Maintenance	2,986	02	19
20	Utilities	138	03	20
21	Health Care/ Personal Care	3,895	06	21
22	Comumunity Life	1,365	07	22
23	Administrative	70,103	10	23
24	Marketing	11,718	11	24
25	Insurance	47	13	25
26	Employee Benefits	7,150	14	26
27	Rent- Building	8,037	20	27
28	Rent- Equipment	37	21	28

29				29
30	PATHWAY SENIOR LIVING LLC:			30
31	Dietary	6,663	01	31
32	Maintenance	824	02	32
33	Health Care/ Personal Care	4,111	06	33
34	Comumunity Life	5,575	07	34
35	Administrative	65,482	10	35
36	Marketing	15,924	11	36
37	Insurance	791	13	37
38	Employee Benefits	8,853	14	38
39	Rent - Building	654	20	39
40	Rent - Equipment	38	21	40
41				41
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100			100

101	Total	(105,006)	101
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Facility Name: Victory Centre of Park Forest

Report Period Beginning 1/1/2014

Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.29	\$ 24.07	1
2	Licensed Practical Nurses	2.06	21.25	2
3	Certified Nurse Assistants	10.12	10.87	3
4	Activity Director & Assistants			4
5	Social Service Workers	0.61	14.36	5
6	Head Cook			6
7	Cook Helpers/Assistants	8.59	12.46	7
8	Dishwashers			8
9	Maintenance Workers	2.41	15.52	9
10	Housekeepers	2.23	10.03	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.97	35.03	13
14	Clerical			14
15	Marketing	0.93	28.61	15
16	Other			16
17	Total (lines 1 thru 16)	31.21	\$ 15.73	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	Jerry Finis	0.001415%	1.4	\$ 5,394	1
2	Robert Helle	0.000654%	1.4	4,203	2
3					3
4					4
5					5
				Total	\$ 9,597 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 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

Name	1	City	2
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					

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? \$ N/A

(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: Victory Centre of Park Forest

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 146,208 Year land was acquired 2002

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	79		2002	2002	\$ 7,210,303	\$ 337,203	28	\$ 257,511	\$ (79,692)	\$ 3,285,181	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				220,524			11,026	11,026	60,371	6
7	Various		2002		323,939		20	16,197	16,197	210,561	7
8	Various		2003		6,687		20	334	334	4,012	8
9	Various		2006		13,049		20	652	652	5,873	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,774,502	\$ 337,203		\$ 285,721	\$ (51,482)	\$ 3,565,998	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	\$ 622,785	\$	\$ 17,523	17,523	10	\$ 505,543	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 622,785	\$	\$ 17,523	17,523		\$ 505,543	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		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

STATE OF ILLINOIS

Facility Name & ID Number Victory Cntr of Park Forest

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	Nursing Call System Phone	2007	1,495	20	75	75	
3	A/C Compressor	2008	6,872	20	344	344	
4	Water Heaters	2008	16,650	20	833	833	
5	Flooring	2009	55,541	20	2,777	2,777	
6	Painting	2009	41,240	20	2,062	2,062	
7	Air Handler	2009	20,293	20	1,015	1,015	
8	Asphalt Patching	2009	15,890	20	795	795	
9	Landscaping	2009	16,450	20	823	823	
10	Dining Room - Drywall	2010	1,130	20	57	57	
11	Excavation In Kitchen Area	2011	2,800	20	140	140	
12	Install Ada Remps	2011	2,725	20	136	136	
13	Code Alert System	2011	9,298	20	465	465	
14	Code Alert, Cust Id	2011	2,085	20	104	104	
15	Solarium & Residential Drain Tile	2011	3,641	20	182	182	
16	Tuckpoint For Exterior Sif Wall & Code Alert	2011	3,846	20	192	192	
17	Concrete Removal & Replacement	2011	3,100	20	155	155	
18	Garage Door Motor Opener	2012	1,500	20	75	75	
19	Re-Seal & Re-Stripe Parking Lot	2012	1,895	20	95	95	
20	A/C Compressor	2012	1,611	20	81	81	
21	Tile Replacement	2013	6,263	20	313	313	
22	Phone System	2014	3,100	20	155	155	
23	Phone System	2014	3,099	20	155	155	
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$ 220,524	\$	\$ 11,026	\$ 11,026	\$

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

9	
Accumulated depreciation	
	1
598	2
2,233	3
4,996	4
16,662	5
12,372	6
6,088	7
4,767	8
4,935	9
283	10
560	11
545	12
1,860	13
417	14
728	15
769	16
620	17
300	18
379	19
322	20
626	21
155	22
155	23
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60,371	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Cntre of Park Forest

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
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34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Park Forest

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
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34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
	1
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Facility Name: Victory Centre of Park Forest

Report Period Beginning: 1/1/2014

Ending: 2/31/2014

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	Storage Rental			/ /	811			5
6	Allocated from Pathway			/ /	8,691			6
7	TOTAL				\$ 9,502			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 9,991

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		3	4	6		7	8	9	
			Related**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Red Mortgage Capital		X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 5,223,923	4/1/42	4.1300	\$ 217,677	1
2		Red Mortgage Capital		X	3rd Mortgage	11/4/02	500,000	165,255	/ /	1.0000		2
3						/ /			/ /			3
		Working Capital										
4		Pathway Development	X		Loan	/ /	402,197	402,197	/ /	Prime+ 1%	17,093	4
5		Security Deposit Interest		X		/ /			/ /		7	5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 6,402,197	\$ 5,791,375			\$ 234,777	7
		B. Non-Facility Related										
8		Interest Income		X		/ /			/ /		(398)	8
9		Pathway Development	X			/ /			/ /		(1,038)	9
10		TOTALS (lines 7, 8 and 9)					\$ 6,402,197	\$ 5,791,375			\$ 233,341	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: Victory Centre of Park Forest

Report Period Beginning: 1/1/2014

Ending: 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 766,418	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	535,457		3
4	Supply Inventory (priced at)	5,419		4
5	Short-Term Investments			5
6	Prepaid Insurance	28,698		6
7	Other Prepaid Expenses	6,055		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	737,641		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,079,688	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	146,208		13
14	Buildings, at Historical Cost	7,210,303		14
15	Leasehold Improvements, at Historical Cost	409,330		15
16	Equipment, at Historical Cost	814,773		16
17	Accumulated Depreciation (book methods)	(4,365,747)		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):	61,160		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,276,027	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,355,715	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 25,475	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	49,496		30
31	Accrued Taxes Payable	120,084		31
32	Accrued Interest Payable	264,597		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	177,993		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 637,645	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,791,375		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,791,375	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,429,020	\$	45
46	TOTAL EQUITY	\$ (73,305)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,355,715	\$	47

*(See instructions.)

Facility Name: Victory Centre of Park Forest

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 2,741,742	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,741,742	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	30	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 30	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,436	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,436	14
D. Other Revenue (specify):			
15	See Attached	36,988	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 36,988	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,780,196	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	755,383	19
20	Health Care/ Personal Care	445,176	20
21	General Administration	1,031,101	21
B. Capital Expense			
22	Ownership	775,757	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,007,417	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (227,221)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (227,221)	31