

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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>1/1/2013</u> to <u>12/31/2013</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> <td></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) _____	(Date) _____		(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. 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: 1/1/2013 Ending: 12/31/2013

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			3
4	79	TOTALS	79	28,835	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	20,787	1,529		22,316	5
6	Double Unit	1,912	139		2,051	6
7	Other					7
8	TOTALS	22,699	1,668		24,367	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.50%

D. Indicate the number of paid bed-hold days the SLF had during this year 735 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 2 (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: 12/31/13 Fiscal Year: 12/31/13

* 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:

1/1/2013

Ending: 12/31/2013

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	184,506	133,714	105,418	423,638	(809)	422,829	1
2	Housekeeping, Laundry and Maintenance	97,855	22,758	87,234	207,847	9,683	217,530	2
3	Heat and Other Utilities			70,908	70,908	146	71,054	3
4	Other (specify):							4
5	TOTAL General Services	282,361	156,472	263,560	702,393	9,020	711,413	5
B. Health Care and Programs								
6	Health Care/ Personal Care	365,535	598	10,406	376,539	5,511	382,050	6
7	Activities and Social Services	1,924	4,022	11,825	17,771	4,210	21,981	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	367,459	4,620	22,231	394,310	9,721	404,031	9
C. General Administration								
10	Administrative and Clerical	207,847	26,229	469,336	703,412	(195,711)	507,701	10
11	Marketing Materials, Promotions and Advertising	52,763	1,183	21,568	75,514	17,552	93,066	11
12	Employee Benefits and Payroll Taxes			186,378	186,378		186,378	12
13	Insurance-Property, Liability and Malpractice			26,892	26,892	485	27,377	13
14	Other (specify):					14,477	14,477	14
15	TOTAL General Administration	260,610	27,412	704,174	992,196	(163,198)	828,998	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	910,430	188,504	989,965	2,088,899	(144,457)	1,944,442	16
Capital Expenses								
D. Ownership								
17	Depreciation			331,842	331,842	(36,758)	295,084	17
18	Interest			238,869	238,869	(17,347)	221,522	18
19	Real Estate Taxes			50,995	50,995		50,995	19
20	Rent -- Facility and Grounds			246	246	8,977	9,223	20
21	Rent -- Equipment			11,224	11,224	100	11,324	21
22	Other (specify): Mortgage Insurance Premium/Amort			32,946	32,946		32,946	22
23	TOTAL Ownership			666,122	666,122	(45,028)	621,094	23
24	GRAND TOTAL (Sum of lines 16 and 23)	910,430	188,504	1,656,087	2,755,021	(189,484)	2,565,537	24

Victory Centre of Park Forest

Report Period Beginning: 1/1/2013
Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (36,758)	17	1
2	Guest Meals	(343)	01	2
3	Employee Meals	(474)	01	3
4	Maintenance Fees	(35)	02	4
5	Damage Recovery	(424)	10	5
6	NSF Fees	(30)	10	6
7	Meals & Entertainment	(1,040)	11	7
8	Other Income	(6,736)	10	8
9	Charitable Contributions	(909)	10	9
10	Bad Debt- Tenant	(33,581)	10	10
11	Bad Debt- Medicaid	(108,429)	10	11
12	Resident Gifts	(42)	10	12
13	Bank Service Charge	(2,450)	10	13
14	Cable TV	(382)	02	14
15	Service Fee	(55)	10	15
16	Asset Management Fee	(5,000)	10	16
17	Interest Income	(17,023)	18	17
18	Interest Income- Escrows	(324)	18	18
19	Pet Fees	(1,000)	07	19
20	Additional R&M	4,178	02	20
21	PATHWAY MANAGEMENT LLC:			21
22	Dietary	8	01	22
23	Maintenance	3,795	02	23
24	Utilities	146	03	24
25	Health Care/ Personal Care	3,699	06	25
26	Comumunity Life	1,008	07	26
27	Administrative	55,730	10	27
28	Marketing	8,919	11	28

29	Insurance	2	13	29
30	Employee Benefits	7,164	14	30
31	Rent- Building	8,386	20	31
32	Rent- Equipment	37	21	32
33				33
34	PATHWAY SENIOR LIVING LLC:			34
35	Maintenance	2,127	02	35
36	Health Care/ Personal Care	1,812	06	36
37	Comumunity Life	4,202	07	37
38	Administrative	56,845	10	38
39	Marketing	9,673	11	39
40	Insurance	483	13	40
41	Employee Benefits	7,313	14	41
42	Rent - Building	591	20	42
43	Rent - Equipment	63	21	43
44	Mangement Fees	(150,630)	10	44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
	Total	(189,484)		101

Facility Name: Victory Centre of Park Forest

Report Period Beginning 1/1/2013

Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.54	\$ 24.66	1
2	Licensed Practical Nurses	1.60	21.25	2
3	Certified Nurse Assistants	10.02	10.37	3
4	Activity Director & Assistants			4
5	Social Service Workers	0.06	16.03	5
6	Head Cook			6
7	Cook Helpers/Assistants	8.13	10.91	7
8	Dishwashers			8
9	Maintenance Workers	1.95	15.72	9
10	Housekeepers	1.67	9.78	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.85	35.03	13
14	Clerical			14
15	Marketing	0.94	26.89	15
16	Other			16
17	Total (lines 1 thru 16)	28.77	\$ 15.22	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	25%	1.34	\$ 1,323	1
2					2
3					3
4					4
5					5
				Total	\$ 1,323 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:

1/1/2013

Ending:

12/31/2013

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	\$ 331,842	28	\$ 257,511	\$ (74,331)	\$ 3,027,670	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				227,374			11,369	11,369	54,565	6
7	Various			2002	323,939		20	16,196	16,196	194,364	7
8	Various			2003	6,687		20	334	334	3,678	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,768,303	\$ 331,842		\$ 285,410	\$ (46,432)	\$ 3,280,277	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	\$ 535,545	\$	\$ 9,675	9,675	10	\$ 488,021	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 535,545	\$	\$ 9,675	9,675		\$ 488,021	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 Centre of Park Forest

Report Period Beginning:

1/1/2013 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	<u>2006</u>	<u>3,462</u>		<u>20</u>	<u>173</u>	<u>173</u>	
3	<u>2006</u>	<u>9,587</u>		<u>20</u>	<u>479</u>	<u>479</u>	
4	<u>2007</u>	<u>1,495</u>		<u>20</u>	<u>75</u>	<u>75</u>	
5	<u>2008</u>	<u>6,872</u>		<u>20</u>	<u>344</u>	<u>344</u>	
6	<u>2008</u>	<u>16,650</u>		<u>20</u>	<u>833</u>	<u>833</u>	
7	<u>2009</u>	<u>55,541</u>		<u>20</u>	<u>2,777</u>	<u>2,777</u>	
8	<u>2009</u>	<u>41,240</u>		<u>20</u>	<u>2,062</u>	<u>2,062</u>	
9	<u>2009</u>	<u>20,293</u>		<u>20</u>	<u>1,015</u>	<u>1,015</u>	
10	<u>2009</u>	<u>15,890</u>		<u>20</u>	<u>795</u>	<u>795</u>	
11	<u>2009</u>	<u>16,450</u>		<u>20</u>	<u>823</u>	<u>823</u>	
12	<u>2010</u>	<u>1,130</u>		<u>20</u>	<u>57</u>	<u>57</u>	
13	<u>2011</u>	<u>2,800</u>		<u>20</u>	<u>140</u>	<u>140</u>	
14	<u>2011</u>	<u>2,725</u>		<u>20</u>	<u>136</u>	<u>136</u>	
15	<u>2011</u>	<u>9,298</u>		<u>20</u>	<u>465</u>	<u>465</u>	
16	<u>2011</u>	<u>2,085</u>		<u>20</u>	<u>104</u>	<u>104</u>	
17	<u>2011</u>	<u>3,641</u>		<u>20</u>	<u>182</u>	<u>182</u>	
18	<u>2011</u>	<u>3,846</u>		<u>20</u>	<u>192</u>	<u>192</u>	
19	<u>2011</u>	<u>3,100</u>		<u>20</u>	<u>155</u>	<u>155</u>	
20	<u>2012</u>	<u>1,500</u>		<u>20</u>	<u>75</u>	<u>75</u>	
21	<u>2012</u>	<u>1,895</u>		<u>20</u>	<u>95</u>	<u>95</u>	
22	<u>2012</u>	<u>1,611</u>		<u>20</u>	<u>81</u>	<u>81</u>	
23	<u>2013</u>	<u>6,263</u>		<u>20</u>	<u>313</u>	<u>313</u>	
24							
25							
26							
27							
28							
29							
30							
31							
32							
33	<u>Total Book Depreciation</u>						
34	TOTAL (lines 1 thru 33)		\$ 227,374	\$	\$ 11,369	\$ 11,369	\$

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

9	
Accumulated depreciation	
	1
1,385	2
3,835	3
523	4
1,890	5
4,164	6
13,885	7
10,310	8
5,073	9
3,973	10
4,113	11
227	12
420	13
409	14
1,395	15
313	16
546	17
577	18
465	19
225	20
284	21
242	22
313	23
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	33
54,565	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Park Forest

Report Period Beginning:

1/1/2013 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	
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STATE OF ILLINOIS

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Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
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33							
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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	33
	34

Facility Name: Victory Centre of Park Forest

Report Period Beginning: 1/1/2013

Ending: 2/31/2013

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			/ /	246			5
6	Allocated from Pathway			/ /	8,977			6
7	TOTAL				\$ 9,223			7

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

9. Rental amount for movable equipment \$ 11,324

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	\$ 5,325,064	4/1/42	4.1300	\$ 221,776	1
2		Red Mortgage Capital		X	3rd Mortgage	11/4/02	500,000	171,301	/ /	1.0000		2
3						/ /			/ /			3
Working Capital												
4		Pathway Development <input type="checkbox"/>	X		Loan	/ /	402,197	402,197	/ /	Prime+ 1%	17,093	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 6,402,197	\$ 5,898,562			\$ 238,869	7
B. Non-Facility Related												
8		Interest Income		X		/ /			/ /		-324	8
9		Pathway Development <input type="checkbox"/>	X			/ /			/ /		-17,023	9
10		TOTALS (lines 7, 8 and 9)					\$ 6,402,197	\$ 5,898,562			\$ 221,522	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: 1/1/2013

Ending: 12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 661,604	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	644,597		3
4	Supply Inventory (priced at)	5,419		4
5	Short-Term Investments			5
6	Prepaid Insurance	26,474		6
7	Other Prepaid Expenses	10,062		7
8	Accounts Receivable (owners or related parties)	178		8
9	Other(specify):	752,679		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,101,013	\$	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	720,134		16
17	Accumulated Depreciation (book methods)	(4,028,544)		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):	66,380		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,523,811	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,624,824	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 54,933	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	67,753		30
31	Accrued Taxes Payable	72,195		31
32	Accrued Interest Payable	247,852		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	129,646		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 572,379	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,898,562		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)	\$ 5,898,562	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,470,941	\$	45
46	TOTAL EQUITY	\$ 153,883	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,624,824	\$	47

*(See instructions.)

Facility Name: Victory Centre of Park Forest

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

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	\$ 2,582,002	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,582,002	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	817	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 817	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	17,347	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 17,347	14
D. Other Revenue (specify):			
15	See Attached	73,685	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 73,685	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,673,851	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	702,393	19
20	Health Care/ Personal Care	394,310	20
21	General Administration	992,196	21
B. Capital Expense			
22	Ownership	666,122	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)	\$ 2,755,021	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (81,170)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (81,170)	31

