

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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 Prk 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>	<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>1/1/2015</u> to <u>12/31/2015</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) _____ (Print Name and Title) _____ (Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>
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<p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u> Email Address: _____</p>	<p align="center">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>																												

Facility Name Victory Centre of Prk Forest

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	18,794	1,382		20,176	5
6	Double Unit	3,055	223		3,278	6
7	Other					7
8	TOTALS	21,849	1,605		23,454	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.34%

D. Indicate the number of paid bed-hold days the SLF had during this year 392 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 134 (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: 12/31/15 Fiscal Year: 12/31/15

* 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 Prk Forest

Report Period Beginning:

1/1/2015

Ending: 12/31/2015

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	203,709	139,705	19,044	362,458	3,595	366,053	1
2	Housekeeping, Laundry and Maintenance	104,359	38,166	73,124	215,649	(145)	215,504	2
3	Heat and Other Utilities			84,770	84,770	149	84,919	3
4	Other (specify):							4
5	TOTAL General Services	308,068	177,871	176,938	662,877	3,599	666,476	5
B. Health Care and Programs								
6	Health Care/ Personal Care	370,454		29,927	400,381	8,211	408,592	6
7	Activities and Social Services	28,748	2,372	14,341	45,461	5,686	51,147	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	399,202	2,372	44,268	445,842	13,897	459,739	9
C. General Administration								
10	Administrative and Clerical	223,136	13,229	505,572	741,937	(170,025)	571,912	10
11	Marketing Materials, Promotions and Advertising	27,791	2,130	51,970	81,891	25,806	107,697	11
12	Employee Benefits and Payroll Taxes			251,792	251,792		251,792	12
13	Insurance-Property, Liability and Malpractice			30,085	30,085	5,605	35,690	13
14	Other (specify):					17,561	17,561	14
15	TOTAL General Administration	250,927	15,359	839,419	1,105,705	(121,053)	984,652	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	958,197	195,602	1,060,625	2,214,424	(103,556)	2,110,868	16
Capital Expenses								
D. Ownership								
17	Depreciation			340,736	340,736	(27,294)	313,442	17
18	Interest			230,498	230,498	(879)	229,619	18
19	Real Estate Taxes			159,272	159,272		159,272	19
20	Rent -- Facility and Grounds			848	848	6,069	6,917	20
21	Rent -- Equipment			12,476	12,476	(71)	12,405	21
22	Other (specify): Mortgage Insurance/Amortization			33,211	33,211		33,211	22
23	TOTAL Ownership			777,041	777,041	(22,175)	754,866	23
24	GRAND TOTAL (Sum of lines 16 and 23)	958,197	195,602	1,837,666	2,991,465	(125,731)	2,865,734	24

Victory Centre of Prk Forest

Report Period Beginning: 1/1/2015
Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (27,614)	17	1
2	Other Income	(290)	10	2
3	Meals and Entertainment	(290)	11	3
4	Bank Service Charges	(1,257)	10	4
5	Charitable Contributions	(436)	10	5
6	Resident Gifts	(571)	10	6
7	Bad Debt- Tenant	(29,716)	10	7
8	Bad Debt- Medicaid	(66,165)	10	8
9	Cable TV	(1,608)	02	9
10	Management Fees	(153,811)	10	10
11	Asset Management Fee	(5,000)	10	11
12	Interest Income-Escrows	(78)	18	12
13	Interest Income	(800)	18	13
14	Additional R&M	4,186	02	14
15	2016 Equipment Rental	(216)	21	15
16	Employee Meals	(1,192)	01	16
17				17
18	Vending Income	(680)	01	18
19	Misc Concessions	(48)	10	19
20	NSF Fees	(30)	10	20
21	Resident Reimbursables	(135)	06	21
22	Bad Debt - Medicaid PY	(35,521)	10	22
23	Pet Fee	(250)	10	23
24	Termination Fees	(43)	10	24
25	Capitalized R&M	(5,607)	02	25
26				26
27	PATHWAY MANAGEMENT LLC:			27
28	Maintenance	2,289	02	28

29	Utilities	149	03	29
30	Health Care/ Personal Care	3,313	06	30
31	Comumunity Life	973	07	31
32	Administrative	63,270	10	32
33	Marketing	11,658	11	33
34	Insurance	78	13	34
35	Employee Benefits	8,083	14	35
36	Depreciation	320	17	36
37	Rent- Building	5,480	20	37
38	Rent- Equipment	33	21	38
39				39
40	PATHWAY SENIOR LIVING LLC:			40
41	Dietary	5,467	01	41
42	Maintenance	595	02	42
43	Health Care/ Personal Care	5,033	06	43
44	Comumunity Life	4,713	07	44
45	Administrative	59,844	10	45
46	Marketing	14,438	11	46
47	Insurance	5,527	13	47
48	Employee Benefits	9,478	14	48
49	Rent - Building	589	20	49
50	Rent - Equipment	112	21	50
51				51
52				52
53				53
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100			100

101	Total	(125,731)	101
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Facility Name: Victory Centre of Prk Forest

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.07	\$ 28.98	1
2	Licensed Practical Nurses	1.36	24.53	2
3	Certified Nurse Assistants	10.26	11.07	3
4	Activity Director & Assistants			4
5	Social Service Workers	0.94	14.72	5
6	Head Cook			6
7	Cook Helpers/Assistants	7.04	13.91	7
8	Dishwashers			8
9	Maintenance Workers	2.08	16.92	9
10	Housekeepers	1.43	10.49	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.77	22.49	13
14	Clerical			14
15	Marketing	0.50	26.48	15
16	Other			16
17	Total (lines 1 thru 16)	29.45	\$ 15.64	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%	1.28	\$ 3,796	1
2					2
3					3
4					4
5					5
				Total	\$ 3796 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 Prk Forest

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	\$ 341,056	28	\$ 257,511	\$ (83,545)	\$ 3,542,692	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				403,131			21,151	21,151	80,924	6
7	Various		2002		323,939		20	16,197	16,197	226,758	7
8	Various		2003		6,687		20	334	334	4,347	8
9	Various		2006		13,049		20	652	652	6,525	9
10	Various		2007		1,495		20	75	75	673	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,958,604	\$ 341,056		\$ 295,920	\$ (45,136)	\$ 3,861,918	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	\$	\$ 17,522	17,522	10	\$ 523,065	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 622,785	\$	\$ 17,522	17,522		\$ 523,065	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 Prk Forest

Report Period Beginning:

1/1/2015 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	A/C Compressor	2008	6,872	20	344	344	
3	Water Heaters	2008	16,650	20	833	833	
4	Flooring	2009	55,541	20	2,777	2,777	
5	Painting	2009	41,240	20	2,062	2,062	
6	Air Handler	2009	20,293	20	1,015	1,015	
7	Asphalt Patching	2009	15,890	20	795	795	
8	Landscaping	2009	16,450	20	823	823	
9	Dining Room - Drywall	2010	1,130	20	57	57	
10	Excavation In Kitchen Area	2011	2,800	20	140	140	
11	Install Ada Remps	2011	2,725	20	136	136	
12	Code Alert System	2011	9,298	20	465	465	
13	Code Alert, Cust Id	2011	2,085	20	104	104	
14	Solarium & Residential Drain Tile	2011	3,641	20	182	182	
15	Tuckpoint For Exterior Slf Wall & Code Alert	2011	3,846	20	192	192	
16	Concrete Removal & Replacement	2011	3,100	20	155	155	
17	Garage Door Motor Opener	2012	1,500	20	75	75	
18	Re-Seal & Re-Stripe Parking Lot	2012	1,895	20	95	95	
19	A/C Compressor	2012	1,611	20	81	81	
20	Tile Replacement	2013	6,263	20	313	313	
21	Phone System	2014	3,100	20	155	155	
22	Phone System	2014	3,099	20	155	155	
23	Common Area Carpeting	2015	73,896	20	3,695	3,695	
24	It-Communications	2015	19,887	20	1,989	1,989	
25	Pull Cord System	2015	24,680	20	1,234	1,234	
26	Pull Cord System	2015	6,510	20	325	325	
27	Phone System	2015	20,199	20	1,010	1,010	
28	Pull Cord System	2015	33,325	20	1,666	1,666	
29	Repair Heating Element	2015	2,655	20	133	133	
30	Motor Blower For A/C	2015	2,952	20	148	148	
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$ 403,131	\$	\$ 21,151	\$ 21,151	\$

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

9	
Accumulated depreciation	
	1
2,577	2
5,829	3
19,439	4
14,434	5
7,102	6
5,562	7
5,758	8
340	9
700	10
681	11
2,325	12
521	13
910	14
962	15
775	16
375	17
474	18
403	19
939	20
310	21
310	22
3,695	23
1,989	24
1,234	25
325	26
1,010	27
1,666	28
133	29
148	30
	31
	32
	33
80,924	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Prk Forest

Report Period Beginning:

1/1/2015 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

Facility Name & ID Number Victory Centre of Prk Forest

Report Period Beginning:

1/1/2015 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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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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Facility Name: Victory Centre of Prk Forest

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

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			/ /	848			5
6	Allocated from Pathway			/ /	6,069			6
7	TOTAL				\$ 6,917			7

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

9. Rental amount for movable equipment \$ 12,404

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	Red Mortgage Capital		X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 5,118,524	4/1/42	4.1300	\$ 213,405	1
2	Red Mortgage Capital		X	3rd Mortgage	11/4/02	500,000	159,209	/ /	1.0000		2
3					/ /			/ /			3
	Working Capital										
4	Pathway Development	X		Loan	/ /	402,197	402,197	/ /	Prime+ 1%	17,093	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,402,197	\$ 5,679,930			\$ 230,498	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-78	8
9	Pathway Development	X			/ /			/ /		-800	9
10	TOTALS (lines 7, 8 and 9)					\$ 6,402,197	\$ 5,679,930			\$ 229,620	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 Prk Forest

Report Period Beginning: 1/1/2015

Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 584,837	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	447,634		3
4	Supply Inventory (priced at)	5,419		4
5	Short-Term Investments			5
6	Prepaid Insurance	32,415		6
7	Other Prepaid Expenses	8,090		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	701,962		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,780,357	\$	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	483,226		15
16	Equipment, at Historical Cost	923,559		16
17	Accumulated Depreciation (book methods)	(4,706,483)		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):	55,940		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,112,753	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,893,110	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 55,837	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	37,594		30
31	Accrued Taxes Payable	141,742		31
32	Accrued Interest Payable	281,327		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	203,357		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 719,857	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,679,930		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)	\$ 5,679,930	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,399,787	\$	45
46	TOTAL EQUITY	\$ (506,677)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,893,110	\$	47

*(See instructions.)

Facility Name: Victory Centre of Prk Forest

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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	\$ 2,494,750	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,494,750	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	1,192	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,192	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	878	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 878	14
D. Other Revenue (specify):			
15		61,274	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 61,274	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,558,094	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	662,877	19
20	Health Care/ Personal Care	445,842	20
21	General Administration	1,105,705	21
B. Capital Expense			
22	Ownership	777,041	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)	\$ 2,991,465	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (433,371)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (433,371)	31