

		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>1000137</u></p> <p>Facility Name: <u>Victory Centre of Vern Hills</u></p> <p>Address: <u>97 West Phillip Road</u> <u>Vernon Hills</u> <u>60061</u> <small>Number City Zip Code</small></p> <p>County: <u>Lake</u></p> <p>Telephone Number: <u>847-549-6070</u> Fax # <u>847-367-5530</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/19/2012</u></p> <p>Type of Ownership:</p> <table border="0"> <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) 282 - 6300</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>1/1/2015</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 border="1"> <tr> <td rowspan="2" style="width: 15%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(Title) _____</td> </tr> <tr> <td rowspan="5">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> <u>Partner</u></td> <td></td> </tr> <tr> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></td> </tr> <tr> <td colspan="2">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</td> </tr> </table>	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> <u>Partner</u>		(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>		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	
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Facility Name Victory Centre of Vern Hills

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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	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	21,675	11,671		33,346	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,675	11,671		33,346	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.13%

D. Indicate the number of paid bed-hold days the SLF had during this year 425 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 56 (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)

None

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 Vern Hills

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	280,385	236,427	22,931	539,743	5,380	545,123	1
2	Housekeeping, Laundry and Maintenance	124,303	43,061	116,569	283,933	6,313	290,246	2
3	Heat and Other Utilities			150,027	150,027	274	150,301	3
4	Other (specify):							4
5	TOTAL General Services	404,688	279,488	289,527	973,703	11,967	985,670	5
B. Health Care and Programs								
6	Health Care/ Personal Care	534,546	13,429	174,045	722,020	15,319	737,339	6
7	Activities and Social Services	47,546	4,034	13,874	65,454	9,437	74,891	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	582,092	17,463	187,919	787,474	24,756	812,230	9
C. General Administration								
10	Administrative and Clerical	164,388	30,421	1,562,611	1,757,420	(1,124,129)	633,291	10
11	Marketing Materials, Promotions and Advertising	116,208	2,661	122,976	241,845	47,454	289,299	11
12	Employee Benefits and Payroll Taxes			271,188	271,188		271,188	12
13	Insurance-Property, Liability and Malpractice			30,420	30,420	10,289	40,709	13
14	Other (specify):					32,235	32,235	14
15	TOTAL General Administration	280,596	33,082	1,987,195	2,300,873	(1,034,151)	1,266,722	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,267,376	330,033	2,464,641	4,062,050	(997,428)	3,064,622	16
Capital Expenses								
D. Ownership								
17	Depreciation			804,112	804,112	(32,044)	772,068	17
18	Interest			606,790	606,790	(2,431)	604,359	18
19	Real Estate Taxes			108,897	108,897		108,897	19
20	Rent -- Facility and Grounds			1,031	1,031	11,139	12,170	20
21	Rent -- Equipment			5,687	5,687	266	5,953	21
22	Other (specify): Mortgage Insurance/Amortization			99,459	99,459		99,459	22
23	TOTAL Ownership			1,625,976	1,625,976	(23,070)	1,602,906	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,267,376	330,033	4,090,617	5,688,026	(1,020,498)	4,667,528	24

Victory Centre of Vern Hills

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (32,632)	17	1
2	Guest Meals	(3,873)	01	2
3	Employee Meals	(783)	01	3
4	Damage Recovery	(74)	10	4
5	Pet Fee	(1,000)	07	5
6	NSF Fee	(340)	10	6
7	Other Income	(138)	10	7
8	Meals & Entertainment	(448)	11	8
9	Bank Service Charges	(1,465)	10	9
10	Charitable Contributions	(663)	10	10
11	Resident Gifts	(52)	10	11
12	Resident Reimbursables	(96)	10	12
13	Bad Debt - Tenant	(58,389)	10	13
14	Bad Debt - Medicaid	(120,194)	10	14
15	Bad Debt - Medicaid Prior Period	(73,471)	10	15
16	Meals & Entertainment	(581)	10	16
17	Cable TV	(1,659)	10	17
18	Management Fees	(55,752)	10	18
19	Service Provider Fee	(226,584)	10	19
20	Forgiveness of Debt	(45,332)	10	20
21	Partnership Accounting Ex	(1,700)	10	21
22	Asset Management Fee	(32,782)	10	22
23	Incentive Management Fee	(730,844)	10	23
24	Interest Income - Escrows	(1,131)	18	24
25	Interest Income	(1,301)	18	25
26	Additional R&M	6,490	02	26
27	Capitalized R&M	(5,470)	02	27
28				28

29				29
30	Pathway Management LLC			30
31	Maintenance	4,201	02	31
32	Utilities	274	03	32
33	Health Care/ Personal Care	6,081	06	33
34	Community Life	1,786	07	34
35	Administrative	116,139	10	35
36	Marketing	21,400	11	36
37	Insurance	143	13	37
38	Employee Benefits	14,837	14	38
39	Depreciation	588	17	39
40	Rent - Building	10,058	20	40
41	Rent - Equipment	61	21	41
42				42
43	Pathway Senior Living LLC			43
44	Dietary	10,036	01	44
45	Maintenance	1,092	02	45
46	Health Care/ Personal Care	9,238	06	46
47	Community Life	8,651	07	47
48	Administrative	109,849	10	48
49	Marketing	26,502	11	49
50	Insurance	10,146	13	50
51	Employee Benefits	17,398	14	51
52	Rent - Building	1,081	20	52
53	Rent - Equipment	205	21	53
54				54
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100			100

101	Total	(1,020,498)	101
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Facility Name: Victory Centre of Vern Hills

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	1.42	\$ 29.75	1
2	Licensed Practical Nurses	1.73	26.65	2
3	Certified Nurse Assistants	14.44	11.70	3
4	Activity Director & Assistants	1.06	21.58	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.93	11.30	7
8	Dishwashers			8
9	Maintenance Workers	2.96	13.33	9
10	Housekeepers	2.10	9.69	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.14	19.10	13
14	Clerical			14
15	Marketing	1.62	34.48	15
16	Other			16
17	Total (lines 1 thru 16)	41.38	\$ 14.72	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	0.001225%	2.35	\$ 6,967	1
2					2
3					3
4					4
5					5
				Total	\$ 6967 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 Vern Hills

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 600,000 Year land was acquired 2012

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	120		2012		\$ 18,937,617	\$ 804,700	28	\$ 676,343	\$ (128,357)	\$ 2,717,670	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				177,191			8,860	8,860	33,986	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,114,808	\$ 804,700		\$ 685,203	\$ (119,497)	\$ 2,751,656	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	\$ 868,647	\$	\$ 86,865	86,865		\$ 339,656	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 868,647	\$	\$ 86,865	86,865		\$ 339,656	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 Vern Hills

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	2012	165,395		20	8,270	8,270	
3	2014	6,326		20	316	316	
4	2015	2,516		20	126	126	
5	2015	2,954		20	148	148	
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33							
34	TOTAL (lines 1 thru 33)		\$ 177,191	\$	\$ 8,860	\$ 8,860	\$

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

9	
Accumulated	
depreciation	
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148	5
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33,986	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Vern Hills

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.

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Accumulated	
depreciation	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Vern Hills

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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Facility Name: Victory Centre of Vern Hills

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			/ /	1,031			5
6	Allocated from Pathway			/ /	11,139			6
7	TOTAL				\$ 12,170			7

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

9. Rental amount for movable equipment \$ 5,953

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	Centennial Mortgage		X	1st Mortgage	4/1/12	\$ 12,101,000	\$ 11,723,421	3/1/52	5.1500	\$ 606,790
2	IHDA Loan		X	2nd Mortgage	/ /	1,246,626	997,302	/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 13,347,626	\$ 12,720,723			\$ 606,790
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		-1,301
9	Intest Income - Escrows		X		/ /			/ /		-1,131
10	TOTALS (lines 7, 8 and 9)					\$ 13,347,626	\$ 12,720,723			\$ 604,359

* 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 Vern Hills**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	\$ 1,351,095	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	541,981		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	52,455		6
7	Other Prepaid Expenses	15,821		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,501,636		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,462,988	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	600,000		13
14	Buildings, at Historical Cost	18,937,617		14
15	Leasehold Improvements, at Historical Cost	178,330		15
16	Equipment, at Historical Cost	874,970		16
17	Accumulated Depreciation (book methods)	(3,361,719)		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):	598,870		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,828,068	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 21,291,056	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 113,057	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	42,906		30
31	Accrued Taxes Payable	141,743		31
32	Accrued Interest Payable	50,776		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	915,025		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,263,507	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,720,723		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)	\$ 12,720,723	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,984,230	\$	45
46	TOTAL EQUITY	\$ 7,306,826	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 21,291,056	\$	47

*(See instructions.)

Facility Name: Victory Centre of Vern Hills

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	\$ 4,875,203	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,875,203	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	2,325	8
9	Non-Resident Meals	4,656	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,981	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,432	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,432	14
D. Other Revenue (specify):			
15		52,513	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 52,513	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,937,129	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	973,703	19
20	Health Care/ Personal Care	787,474	20
21	General Administration	2,300,873	21
B. Capital Expense			
22	Ownership	1,625,976	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)	\$ 5,688,026	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (750,897)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (750,897)	31