

		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: 1000002</p> <p>Facility Name: <u>Victory Senior Centre</u></p> <p>Address: <u>31 North Broadway</u> <u>Joliet</u> <u>60435</u> <small>Number City Zip Code</small></p> <p>County: <u>Will</u></p> <p>Telephone Number: <u>(815) 724-0308</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>1/17/2000</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%;">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> <u>Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></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>	
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<p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>Email Address: _____</p>		<p>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 Senior CentreReport 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	28	Single Unit Apartment	28	10,220	1
2	2	Double Unit Apartment	2	730	2
3		Other		187	3
4	30	TOTALS	30	11,137	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	8,710	371		9,081	5
6	Double Unit	468	20		488	6
7	Other	187			187	7
8	TOTALS	9,366	390		9,756	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.60%

D. Indicate the number of paid bed-hold days the SLF had during this year
279 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 19 **(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 Senior Centre

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	49,190	80,635	9,215	139,040	1,658	140,698	1
2	Housekeeping, Laundry and Maintenance	29,474	18,714	50,357	98,545	(5,005)	93,540	2
3	Heat and Other Utilities			38,115	38,115	53	38,168	3
4	Other (specify):							4
5	TOTAL General Services	78,664	99,349	97,687	275,700	(3,294)	272,406	5
B. Health Care and Programs								
6	Health Care/ Personal Care	259,375	652	48,774	308,801	2,935	311,736	6
7	Activities and Social Services	17,931	1,350	5,300	24,581	1,549	26,130	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	277,306	2,002	54,074	333,382	4,484	337,866	9
C. General Administration								
10	Administrative and Clerical	60,645	5,622	222,402	288,669	(101,833)	186,836	10
11	Marketing Materials, Promotions and Advertising	4,045	1,443	9,893	15,381	9,176	24,557	11
12	Employee Benefits and Payroll Taxes			102,542	102,542		102,542	12
13	Insurance-Property, Liability and Malpractice			10,727	10,727	1,970	12,697	13
14	Other (specify):					6,175	6,175	14
15	TOTAL General Administration	64,690	7,065	345,564	417,319	(84,512)	332,807	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	420,660	108,416	497,325	1,026,401	(83,322)	943,079	16
Capital Expenses								
D. Ownership								
17	Depreciation			140,645	140,645	(19,527)	121,118	17
18	Interest			6,644	6,644	(156)	6,488	18
19	Real Estate Taxes			26,240	26,240		26,240	19
20	Rent -- Facility and Grounds			205	205	2,134	2,339	20
21	Rent -- Equipment			5,971	5,971	51	6,022	21
22	Other (specify): Amortization			125	125		125	22
23	TOTAL Ownership			179,830	179,830	(17,498)	162,332	23
24	GRAND TOTAL (Sum of lines 16 and 23)	420,660	108,416	677,155	1,206,231	(100,820)	1,105,411	24

Victory Senior Centre

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line
	\$		Reference
1	Non-Straight Line Depreciation	(19,640)	17 1
2	Guest Meals	(125)	01 2
3	Employee Meals	(140)	01 3
4	Maintenance Fees	(64)	02 4
5	Per Fee	(250)	07 5
6	NSF Fee	(25)	10 6
7	Other Income	(773)	10 7
8	Meals & Entertainment	(407)	10 8
9	Bank Service Charges	(1,258)	10 9
10	Charitable Contributions	(166)	10 10
11	Resident Gifts	(200)	07 11
12	Bad Debt - Tenant	(14,996)	10 12
13	Bad Debt - Medicaid	(62,136)	10 13
14	Cable TV	(1,218)	10 14
15	Management Fees	(54,085)	10 15
16	Partnership Management Fee	(10,000)	10 16
17	Interest Income	(154)	18 17
18	Interest Income - Escrows	(5)	18 18
19	Additional R&M	720	02 19
20	Capitalized R&M	(6,675)	02 20
21			21
22			22
23	Pathway Management LLC		23
24	Maintenance	805	02 24
25	Utilities	53	03 25
26	Health Care / Personal Care	1,165	06 26
27	Community Life	342	07 27
28	Administrative	22,248	10 28
29	Marketing	4,099	11 29
30	Insurance	27	13 30
31	Employee Benefits	2,842	14 31
32	Depreciation	113	17 32
33	Rent - Building	1,927	20 33
34	Rent - Equipment	12	21 34
35			35
36	Pathway Senior Living LLC		36
37	Dietary	1,923	01 37
38	Maintenance	209	02 38
39	Health Care / Personal Care	1,770	06 39
40	Community Life	1,657	07 40
41	Administrative	21,043	10 41
42	Marketing	5,077	11 42
43	Insurance	1,943	13 43
44	Employee Benefits	3,333	14 44
45	Rent - Building	207	20 45
46	Rent - Equipment	30	21 46
47			47
48			48
49			49
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99			99
100			100
101	Total	(100,820)	101

Facility Name: Victory Senior Centre

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	0.70	\$ 25.58	1
2	Licensed Practical Nurses	0.98	25.19	2
3	Certified Nurse Assistants	7.33	11.20	3
4	Activity Director & Assistants	0.67	12.84	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.51	15.70	7
8	Dishwashers			8
9	Maintenance Workers	0.51	20.58	9
10	Housekeepers	0.41	9.05	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.02	28.71	13
14	Clerical			14
15	Marketing	0.11	18.39	15
16	Other			16
17	Total (lines 1 thru 16)	13.23	\$ 15.28	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%	0.45	\$ 1,335	1
2					2
3					3
4					4
5					5
Total				\$ 1,335	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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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 Senior Centre

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 15,000 Year land was acquired 1999

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	30		1999	1999	\$ 3,172,274	\$ 140,758	35	\$ 90,636	\$ (50,122)	\$ 1,685,191	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				167,402			8,370	8,370	25,282	6
7	Various		1999		176,529		20	8,826	8,826	150,054	7
8	Various		2005		1,405		20	70	70	772	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,517,610	\$ 140,758		\$ 107,904	\$ (32,855)	\$ 1,861,300	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	\$ 297,631	\$	\$ 13,214	13,214		\$ 242,579	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 297,631	\$	\$ 13,214	13,214		\$ 242,579	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

Facility Name & ID Number Victory Senior Centre

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2	Roofing	2008	5,113		20	256	256	1,917	2
3	Repipe Floor Drains	2009	8,975		20	449	449	3,142	3
4	Landscaping	2009	7,000		20	350	350	2,450	4
5	Water Heater Repairs	2009	5,974		20	299	299	1,794	5
6	Seal/Coating Concrete	2011	5,546		20	277	277	1,386	6
7	Install Carrier Rtu	2012	6,950		20	348	348	1,390	7
8	Sif Nurse Call System	2012	28,900		20	1,445	1,445	5,780	8
9	Hard Surface Lobby/Recept, Carpet-Lobby/Res Halls	2013	15,491		20	775	775	2,324	9
10	Hall To Elevator Flooring	2013	2,985		20	149	149	448	10
11	Perimeter Flashing Repair	2013	6,275		20	314	314	941	11
12	Sewer Replacement	2015	5,281		20	264	264	264	12
13	Call System	2015	19,734		20	987	987	987	13
14	Call System	2015	6,675		20	334	334	334	14
15	Freezer	2015	3,343		20	167	167	167	15
16	Nurse Call System	2015	32,487		20	1,624	1,624	1,624	16
17	Heat Exchanger	2015	6,675		20	334	334	334	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 167,402	\$		\$ 8,370	\$ 8,370	\$ 25,282	34

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

Facility Name & ID Number Victory Senior Centre

Report Period Beginning:

1/1/2015 Ending:

12/31/2015

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	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
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26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

Facility Name & ID Number Victory Senior Centre

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
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28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

Facility Name: Victory Senior Centre

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

YES NO

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$ 6,023

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.

		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 Unit			/ /	205			5
6	Allocated from Pathway			/ /	2,134			6
7	TOTAL				\$ 2,339			7

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	IHDA		X	1st Mortgage	6/1/00	\$ 995,000	\$ 653,645	5/1/39	1.0000	\$ 6,644
2					/ /			/ /		2
3					/ /			/ /		3
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 995,000	\$ 653,645			\$ 6,644
	B. Non-Facility Related									
8	Interest Income - Escrows		X		/ /			/ /		-5
9	Interest Income		X		/ /			/ /		-151
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 653,645			\$ 6,488

* 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 Senior CentreReport Period Beginning: 1/1/2015Ending: 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	\$ 35,393	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	116,932		3
4	Supply Inventory (priced at)	2,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	10,169		6
7	Other Prepaid Expenses	3,697		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	189,529		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 358,076	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000		13
14	Buildings, at Historical Cost	3,307,274		14
15	Leasehold Improvements, at Historical Cost	84,343		15
16	Equipment, at Historical Cost	416,731		16
17	Accumulated Depreciation (book methods)	(2,284,774)		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):	3,121		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,541,695	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,899,771	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 47,839	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	15,444		30
31	Accrued Taxes Payable	25,407		31
32	Accrued Interest Payable	545		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	122,007		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 211,242	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	653,645		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)	\$ 653,645	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 864,887	\$	45
46	TOTAL EQUITY	\$ 1,034,884	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,899,771	\$	47

*(See instructions.)

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	\$ 990,492	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 990,492	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	265	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 265	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	156	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 156	14
D. Other Revenue (specify):			
15		1,112	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,112	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 992,025	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	275,700	19
20	Health Care/ Personal Care	333,382	20
21	General Administration	417,319	21
B. Capital Expense			
22	Ownership	179,830	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)	\$ 1,206,231	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (214,206)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (214,206)	31