

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2016  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2016)**

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><b>I. Facility ID Number:</b> <u>1000011</u></p> <p><b>Facility Name:</b> <u>Victory Centre Park Forest</u></p> <hr/> <p><b>Address:</b> <u>101 Main Street</u> <u>Park Forest</u> <u>60466</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>(708) 283-2921</u> Fax # _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>3/19/2002</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <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></td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 282 - 6300</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <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>	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2016</u> to <u>12/31/2016</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%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____ (Date) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">(Signed) _____ * * Subject to the attached Accountants Consulting Report (Date) _____ (Print Name and Title) _____ (Firm Name &amp; 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> <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) _____ * * Subject to the attached Accountants Consulting Report (Date) _____ (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>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <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>	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Date) _____ (Type or Print Name) _____ (Title) _____							
Paid Preparer	(Signed) _____ * * Subject to the attached Accountants Consulting Report (Date) _____ (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>							

Facility Name Victory Centre Park Forest

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

**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	24,522	1
2	12	Double Unit Apartment	12	4,392	2
3		Other			3
4	79	TOTALS	79	28,914	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	19,311	1,420		20,731	5
6	Double Unit	3,139	229		3,368	6
7	Other					7
8	TOTALS	22,450	1,649		24,099	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 83.35%

**D. Indicate the number of paid bed-hold days the SLF had during this year**

330 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 67 (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: 12/31/16 Fiscal Year: 12/31/16

\* 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 Park Forest

Report Period Beginning:

1/1/2016

Ending: 12/31/2016

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	217,946	150,283	19,683	387,912	2,806	390,718	1
2	Housekeeping, Laundry and Maintenance	113,939	21,818	99,993	235,750	4,158	239,908	2
3	Heat and Other Utilities			101,406	101,406	169	101,575	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	331,885	172,101	221,082	725,068	7,133	732,201	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	418,316	674	48,641	467,631	10,236	477,867	6
7	Activities and Social Services	39,739	2,119	19,061	60,919	3,398	64,317	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	458,055	2,793	67,702	528,550	13,634	542,184	9
<b>C. General Administration</b>								
10	Administrative and Clerical	212,465	16,548	503,175	732,188	(133,533)	598,655	10
11	Marketing Materials, Promotions and Advertising	67,195	3,505	67,717	138,417	21,678	160,095	11
12	Employee Benefits and Payroll Taxes			226,665	226,665		226,665	12
13	Insurance-Property, Liability and Malpractice			33,291	33,291	1,552	34,843	13
14	Other (specify):					19,851	19,851	14
15	<b>TOTAL General Administration</b>	279,660	20,053	830,848	1,130,561	(90,452)	1,040,109	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,069,600	194,947	1,119,632	2,384,179	(69,685)	2,314,494	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			324,886	324,886	(12,199)	312,687	17
18	Interest			226,014	226,014	(654)	225,360	18
19	Real Estate Taxes			150,453	150,453		150,453	19
20	Rent -- Facility and Grounds			1,339	1,339	6,516	7,855	20
21	Rent -- Equipment			14,672	14,672	457	15,129	21
22	Other (specify): Mortgage Insurance/Amortization			26,924	26,924		26,924	22
23	<b>TOTAL Ownership</b>			744,288	744,288	(5,880)	738,408	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,069,600	194,947	1,863,920	3,128,467	(75,565)	3,052,902	24

Report Period Beginning: 1/1/2016  
 Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-Straight Line Depreciation	\$ (13,947)	47	1
2	Employee Meals	621	01	2
3	NSF Fees	(270)	10	3
4	Late Fees	(290)	10	4
5	Termination Fees	(107)	10	5
6	Other Income	200	10	6
7	Meals & Entertainment	(688)	11	7
8	Bank Service Charges	(1,200)	10	8
9	Late Fees/Finance Charges	(330)	10	9
10	Charitable Contributions	(1,394)	10	10
11	Resident Gifts	(1,686)	10	11
12	Resident Reimbursables	246	10	12
13	Bad Debt	(96,744)	10	13
14	Cable TV	(2,288)	02	14
15	Management Fees	(151,477)	10	15
16	Partnership Accounting Ex	(1,500)	10	16
17	Asset Management Fee	(5,000)	10	17
18	Partnership Misc Expense	(6,866)	10	18
19	Interest Income - Escrows	(128)	18	19
20	Interest Income	(526)	18	20
21	Additional R&M	3,142	02	21
22	Additional Equipment Rental	216	21	22
23	Pix Care	(830)	07	23
24				24
25				25
26	PATHWAY MANAGEMENT LLC			26
27	Maintenance	2,616	02	27
28	Utilities	169	03	28
29	Health Care/Personal Care	4,183	06	29
30	Administrative	72,588	10	30
31	Marketing	8,179	11	31
32	Insurance	652	13	32
33	Employee Benefits	9,901	14	33
34	Depreciation	1,748	17	34
35	Rent - Building	5,781	20	35
36	Rent - Equipment	38	21	36
37				37
38	PATHWAY SENIOR LIVING LLC			38
39	Dietary	2,868	01	39
40	Maintenance	688	02	40
41	Health Care/Personal Care	6,053	06	41
42	Community Life	4,237	07	42
43	Administrative	60,369	10	43
44	Marketing	14,187	11	44
45	Insurance	900	13	45
46	Employee Benefits	9,870	14	46
47	Rent - Building	735	20	47
48	Rent - Equipment	203	21	48
49				49
50				50
51				51
52				52
53				53
54				54
55				55
56				56
57				57
58				58
59				59
60				60
61				61
62				62
63				63
64				64
65				65
66				66
67				67
68				68
69				69
70				70
71				71
72				72
73				73
74				74
75				75
76				76
77				77
78				78
79				79
80				80
81				81
82				82
83				83
84				84
85				85
86				86
87				87
88				88
89				89
90				90
91				91
92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	Total	(75,565)		101

Facility Name: Victory Centre Park Forest

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.46	\$ 28.97	1
2	Licensed Practical Nurses	1.93	24.53	2
3	Certified Nurse Assistants	11.37	12.35	3
4	Activity Director & Assistants			4
5	Social Service Workers	1.30	14.72	5
6	Head Cook			6
7	Cook Helpers/Assistants	7.91	13.25	7
8	Dishwashers			8
9	Maintenance Workers	2.25	15.94	9
10	Housekeepers	1.83	10.31	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.77	21.41	13
14	Clerical			14
15	Marketing	1.40	23.09	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>33.22</b>	<b>\$ 15.48</b>	<b>17</b>

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%	1.2	\$ 5,996	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 5996</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	1
2		2
<b>Total</b>		<b>3</b>

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 Park Forest

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	\$ 326,634	28	\$ 257,511	\$ (69,123)	\$ 3,800,203	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				382,121			20,101	20,101	92,619	6
7	Various		2002		323,939		20	16,197	16,197	242,955	7
8	Various		2003		6,687		20	334	334	4,681	8
9	Various		2006		13,049		20	652	652	7,178	9
10	Various		2007		1,495		20	75	75	748	10
11	Various		2008		23,522		20	1,176	1,176	9,582	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,961,116	\$ 326,634		\$ 296,046	\$ (30,588)	\$ 4,157,965	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	\$ 627,163	\$	\$ 16,641	16,641	10	\$ 539,706	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 627,163	\$	\$ 16,641	16,641		\$ 539,706	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 Centre Park Forest

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

**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	<u>Flooring</u>	2009	55,541		20	2,777	2,777	22,216	2
3	<u>Painting</u>	2009	41,240		20	2,062	2,062	16,496	3
4	<u>Air Handler</u>	2009	20,293		20	1,015	1,015	8,117	4
5	<u>Asphalt Patching</u>	2009	15,890		20	795	795	6,356	5
6	<u>Landscaping</u>	2009	16,450		20	823	823	6,580	6
7	<u>Dining Room - Drywall</u>	2010	1,130		20	57	57	396	7
8	<u>Excavation In Kitchen Area</u>	2011	2,800		20	140	140	840	8
9	<u>Install Ada Remps</u>	2011	2,725		20	136	136	818	9
10	<u>Code Alert System</u>	2011	9,298		20	465	465	2,789	10
11	<u>Code Alert, Cust Id</u>	2011	2,085		20	104	104	626	11
12	<u>Solarium &amp; Residential Drain Tile</u>	2011	3,641		20	182	182	1,092	12
13	<u>Tuckpoint For Exterior Sif Wall &amp; Code Alert</u>	2011	3,846		20	192	192	1,154	13
14	<u>Concrete Removal &amp; Replacement</u>	2011	3,100		20	155	155	930	14
15	<u>Garage Door Motor Opener</u>	2012	1,500		20	75	75	450	15
16	<u>Re-Seal &amp; Re-Stripe Parking Lot</u>	2012	1,895		20	95	95	569	16
17	<u>A/C Compressor</u>	2012	1,611		20	81	81	483	17
18	<u>Tile Replacement</u>	2013	6,263		20	313	313	1,253	18
19	<u>Phone System</u>	2014	3,100		20	155	155	465	19
20	<u>Phone System</u>	2014	3,099		20	155	155	465	20
21	<u>Common Area Carpeting</u>	2015	73,896		20	3,695	3,695	7,390	21
22	<u>It-Communications</u>	2015	19,887		20	1,989	1,989	3,977	22
23	<u>Pull Cord System</u>	2015	24,680		20	1,234	1,234	2,468	23
24	<u>Pull Cord System</u>	2015	6,510		20	325	325	651	24
25	<u>Phone System</u>	2015	20,199		20	1,010	1,010	2,020	25
26	<u>Pull Cord System</u>	2015	33,325		20	1,666	1,666	3,332	26
27	<u>Repair Heating Element</u>	2015	2,655		20	133	133	265	27
28	<u>Motor Blower For A/C</u>	2015	2,952		20	148	148	295	28
29	<u>Elevator Repair</u>	2016	2,512		20	126	126	126	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 382,121	\$		\$ 20,101	\$ 20,101	\$ 92,619	34

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

Facility Name & ID Number Victory Centre Park Forest

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

**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
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								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)		\$	\$		\$	\$	34

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

Facility Name & ID Number Victory Centre Park Forest

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

**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
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								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)		\$	\$		\$	\$	34

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

Facility Name: Victory Centre Park Forest

Report Period Beginning: 1/1/2016

Ending: 2/31/2016

**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			/ /	1,339			5
6	Allocated from Pathway			/ /	6,516			6
7	<b>TOTAL</b>				\$ 7,855			7

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

9. Rental amount for movable equipment \$ 15,129

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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	Red Mortgage Capital		X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 5,008,656	4/1/42	4.1300	\$ 208,921	1
2	IHDA		X	3rd Mortgage	11/4/02	500,000	153,163	8/1/42	1.0000		2
3											3
	<b>Working Capital</b>										
4	Pathway Development	X		Loan	/ /	402,197	402,197	/ /	Prime+ 1%	17,093	4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 6,402,197	\$ 5,564,016			\$ 226,014	7
	<b>B. Non-Facility Related</b>										
8	Interest Income		X		/ /			/ /		(526)	8
9	Interest Income - Escrow		X		/ /			/ /		(128)	9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 6,402,197	\$ 5,564,016			\$ 225,360	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 Park Forest

Report Period Beginning: 1/1/2016

Ending: 12/31/2016

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 509,106	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	465,409		3
4	Supply Inventory (priced at )	5,577		4
5	Short-Term Investments			5
6	Prepaid Insurance	41,046		6
7	Other Prepaid Expenses	22,025		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	535,921		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,579,084	\$	10
	<b>B. Long-Term Assets</b>			
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	487,925		15
16	Equipment, at Historical Cost	928,892		16
17	Accumulated Depreciation (book methods)	(5,031,369)		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):	50,720		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,792,679	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,371,763	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 52,350	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	42,122		30
31	Accrued Taxes Payable	150,412		31
32	Accrued Interest Payable	298,042		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	233,216		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 776,142	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,564,016		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 5,564,016	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 6,340,158	\$	45
46	<b>TOTAL EQUITY</b>	\$ (968,395)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 5,371,763	\$	47

\*(See instructions.)

Facility Name: Victory Centre Park Forest

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,603,710	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,603,710</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	62	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 62</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	654	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 654</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15		62,317	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 62,317</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,666,743</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	725,068	19
20	Health Care/ Personal Care	528,550	20
21	General Administration	1,130,561	21
<b>B. Capital Expense</b>			
22	Ownership	744,288	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,128,467</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (461,724)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (461,724)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,444,190	32
33	Private Pay - Net Inpatient Revenue	85,913	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,073,607	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 2,603,710</b>	<b>37</b>