

		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>I. Facility ID Number: <u>1000027</u></p> <p>Facility Name: <u>Victory Centre River Woods</u></p> <hr/> <p>Address: <u>1800 Riverwood Drive</u> <u>Melrose Park</u> <u>60160</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>(708) 547-5800</u> Fax # _____)</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/30/2003</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>1/1/2016</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 border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">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> </table> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>*</td> </tr> <tr> <td></td> <td colspan="2">* Subject to the attached Accountants Consulting Report</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td>(Date) _____</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></td> <td>Fax <u>(847) 282-6301</u></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	*		* Subject to the attached Accountants Consulting Report			(Print Name and Title) _____	(Date) _____		(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 Centre River Woods

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	89	Single Unit Apartment	89	32,574	1
2	20	Double Unit Apartment	20	7,320	2
3		Other		6,018	3
4	109	TOTALS	109	45,912	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	28,690	3,884		32,574	5
6	Double Unit	2,466	132		2,598	6
7	Other	6,018			6,018	7
8	TOTALS	37,174	4,016		41,190	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.72%

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

876 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 158 (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 River Woods

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			
A. General Services								
1	Dietary and Food Purchase	297,542	257,006	28,684	583,232	3,663	586,895	1
2	Housekeeping, Laundry and Maintenance	132,775	41,795	116,703	291,273	22,415	313,688	2
3	Heat and Other Utilities			135,399	135,399	(1,231)	134,168	3
4	Other (specify):							4
5	TOTAL General Services	430,317	298,801	280,786	1,009,904	24,847	1,034,751	5
B. Health Care and Programs								
6	Health Care/ Personal Care	555,403		51,784	607,187	16,196	623,383	6
7	Activities and Social Services	40,171	6,341	22,037	68,549	6,703	75,252	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	595,574	6,341	73,821	675,736	22,899	698,635	9
C. General Administration								
10	Administrative and Clerical	187,273	11,251	1,180,342	1,378,866	(675,066)	703,800	10
11	Marketing Materials, Promotions and Advertising	118,823	856	63,315	182,994	34,428	217,422	11
12	Employee Benefits and Payroll Taxes			250,081	250,081		250,081	12
13	Insurance-Property, Liability and Malpractice			52,174	52,174	2,456	54,630	13
14	Other (specify):					31,409	31,409	14
15	TOTAL General Administration	306,096	12,107	1,545,912	1,864,115	(606,773)	1,257,342	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,331,987	317,249	1,900,519	3,549,755	(559,027)	2,990,728	16
Capital Expenses								
D. Ownership								
17	Depreciation			540,586	540,586	(144,077)	396,509	17
18	Interest			250,845	250,845	(834)	250,011	18
19	Real Estate Taxes			89,195	89,195		89,195	19
20	Rent -- Facility and Grounds			1,019	1,019	10,309	11,328	20
21	Rent -- Equipment			7,861	7,861	382	8,243	21
22	Other (specify): Amortization/MIP			41,617	41,617		41,617	22
23	TOTAL Ownership			931,123	931,123	(134,220)	796,903	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,331,987	317,249	2,831,642	4,480,878	(693,247)	3,787,631	24

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

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-Straight Line Depreciation	\$ (146,843)	17	1
2	Meal Program Income	(1,041)	01	2
3	Guest Meals	(311)	01	3
4	Employee Meals	(459)	01	4
5	Maintenance Fees	(137)	02	5
6	Other Income	245	10	6
7	Meals & Entertainment	961	11	7
8	Bank Service Charges	(1,244)	10	8
9	Late Fees/Finance Charges	(1,525)	10	9
10	Charitable Contributions	(1,544)	10	10
11	Resident Gifts	(4,505)	10	11
12	Bad Deb - Tenant	(2,737)	10	12
13	Bad Deb - Medicaid	(20,000)	10	13
14	Cable TV	(1,498)	03	14
15	Management Fees	(268,535)	10	15
16	Asset Management Fee	(10,900)	10	16
17	Partnership Management Fee	25,000	10	17
18	Incentive Management Fee	(549,031)	10	18
19	Interest Income - Escrows	(484)	18	19
20	Interest Income	(350)	18	20
21				21
22	Pathway Management LLC			22
23	Maintenance	4,140	02	23
24	Utilities	267	03	24
25	Health Care/ Personal Care	6,619	06	25
26	Administrative	114,851	10	26
27	Marketing	12,941	11	27
28	Insurance	1,032	13	28
29	Employee Benefits	15,792	14	29
30	Depreciation	2,766	17	30
31	Rent - Building	9,147	20	31
32	Rent - Equipment	61	21	32
33				33
34	Pathway Senior Living LLC			34
35	Dietary	4,537	01	35
36	Maintenance	1,088	02	36
37	Health Care/ Personal Care	9,577	06	37
38	Community Life	6,703	07	38
39	Administrative	95,518	10	39
40	Marketing	22,448	11	40
41	Insurance	1,424	13	41
42	Employee Benefits	15,617	14	42
43	Rent - Building	1,162	20	43
44	Rent - Equipment	321	21	44
45				45
46				46
47	Additional R&M	17,324	02	47
48				48
49	NSF Fees	(90)	10	49
50	Late Fees	(80)	10	50
51				51
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99				99
100				100
101	Total	(693,247)		101

Facility Name: Victory Centre River Woods

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	1.80	\$ 26.64	1
2	Licensed Practical Nurses	1.98	25.22	2
3	Certified Nurse Assistants	14.16	11.96	3
4	Activity Director & Assistants	1.01	19.21	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.82	13.23	7
8	Dishwashers			8
9	Maintenance Workers	2.96	14.52	9
10	Housekeepers	1.98	10.53	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.02	22.42	13
14	Clerical			14
15	Marketing	1.72	33.13	15
16	Other			16
17	Total (lines 1 thru 16)	40.43	\$ 15.84	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%	1.9	\$ 9,487	1
2					2
3					3
4					4
5					5
				Total	\$ 9487 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? \$ _____
 (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 River Woods

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 918,820 Year land was acquired 2003

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	109		2003	2003	\$ 10,971,031	\$ 543,352	35	\$ 313,458	\$ (229,894)	\$ 5,001,084	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				788,867			39,443	39,443	102,679	6
7	Various		2003		63,245		20	3,162	3,162	37,946	7
8	Various		2005		3,762		20	188	188	1,882	8
9	Various		2007		4,594		20	230	230	2,067	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 11,831,499	\$ 543,352		\$ 356,481	\$ (186,871)	\$ 5,145,657	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	\$ 1,115,586	\$	\$ 40,028	40,028		\$ 905,898	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 1,115,586	\$	\$ 40,028	40,028		\$ 905,898	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 River Woods

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	Land Improvements	2009	9,603		20	480	480	3,361	2
3	Locks	2009	4,842		20	242	242	1,695	3
4	Building Improvement	2009	7,380		20	369	369	2,583	4
5	Re-Key Locks	2009	3,307		20	165	165	1,158	5
6	Painting	2009	16,997		20	850	850	5,949	6
7	Drywall & Paint	2010	15,997		20	800	800	4,799	7
8	Demolish Wall	2010	7,685		20	384	384	2,305	8
9	Floor Removal	2010	7,894		20	395	395	2,368	9
10	Flooring	2010	4,290		20	215	215	1,288	10
11	Sewer Work	2011	12,497		20	625	625	3,124	11
12	Compressor	2012	7,310		20	366	366	1,462	12
13	Pour Concrete Walkways & Paths	2012	7,675		20	384	384	1,535	13
14	Telephone System	2012	8,060		20	403	403	1,612	14
15	Remove Squares Of Concrete From Sidewalk By Back Of Building	2013	3,500		20	175	175	525	15
16	Radiator & Generator	2013	6,440		20	322	322	966	16
17	Signage	2014	4,941		20	247	247	741	17
18	Remove & Replace Mixing Valve	2014	3,250		20	163	163	488	18
19	Dining Room Floor	2014	24,906		20	1,245	1,245	3,736	19
20	Compressor Replacement	2014	10,716		20	536	536	1,607	20
21	Vav Controller, Economizer Board, Gas Regulator	2014	4,775		20	239	239	716	21
22	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkler	2015	389,789		20	19,489	19,489	38,979	22
23	Phone System	2015	25,424		20	1,271	1,271	2,542	23
24	Ac- Elevator Room	2015	6,301		20	315	315	630	24
25	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkler	2015	171,700		20	8,585	8,585	17,170	25
26	Replace Mixing Valve Actuator For Heating Systems	2015	3,200		20	160	160	320	26
27	Roof Repair	2016	5,159		20	258	258	258	27
28	6 Replacement Doors- 1St Floor Common Areas	2016	4,481		20	224	224	224	28
29	Replace- Lead Soil Stack/Flashing- Roof	2016	8,250		20	413	413	413	29
30	Concrete Replacement	2016	2,500		20	125	125	125	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 788,867	\$		\$ 39,443	\$ 39,443	\$ 102,679	34

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

Facility Name & ID Number Victory Centre River Woods

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
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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 Centre River Woods

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
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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 Centre River Woods

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 Unit			/ /	1,019			5
6	Allocated from Pathway			/ /	10,309			6
7	TOTAL				\$ 11,328			7

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

9. Rental amount for movable equipment \$ 8,242

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	Wells Fargo		X	1st Mortgage	11/30/14	\$ 7,096,600	\$ 6,550,833	10/30/44	3.5500	\$ 237,102
2	Department of Planning		X	2nd Mortgage	6/13/02	1,800,000	1,290,707	6/13/42	1.0000	13,109
3	IHDA		X	3rd Mortgage	12/1/03	750,000	35,140	12/1/33	1.0000	634
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 9,646,600	\$ 7,876,681			\$ 250,845
	B. Non-Facility Related									
8	Interest Income-Escrows		X		/ /			/ /		(484)
9	Interest Income		X		/ /			/ /		(350)
10	TOTALS (lines 7, 8 and 9)					\$ 9,646,600	\$ 7,876,681			\$ 250,011

* 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 River Woods

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,138,759	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	631,629		3
4	Supply Inventory (priced at)	5,304		4
5	Short-Term Investments			5
6	Prepaid Insurance	11,758		6
7	Other Prepaid Expenses	21,930		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,299,876		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,109,256	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	918,820		13
14	Buildings, at Historical Cost	10,971,031		14
15	Leasehold Improvements, at Historical Cost	599,204		15
16	Equipment, at Historical Cost	1,417,399		16
17	Accumulated Depreciation (book methods)	(6,708,000)		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):	179,397		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,377,851	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,487,107	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,130,787	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	81,128		30
31	Accrued Taxes Payable	89,015		31
32	Accrued Interest Payable	21,159		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	292,149		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,614,238	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,876,680		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)	\$ 7,876,680	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,490,918	\$	45
46	TOTAL EQUITY	\$ 996,189	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,487,107	\$	47

*(See instructions.)

Facility Name: Victory Centre River Woods

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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,500,731	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,500,731	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	874	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 874	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	834	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 834	14
D. Other Revenue (specify):			
15		552	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 552	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,502,991	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,009,904	19
20	Health Care/ Personal Care	675,736	20
21	General Administration	1,864,115	21
B. Capital Expense			
22	Ownership	931,123	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)	\$ 4,480,878	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 22,113	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 22,113	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,741,832	32
33	Private Pay - Net Inpatient Revenue	286,449	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,472,450	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,500,731	37