

		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>1000117</u></p> <p>Facility Name: <u>Victory Centre South Chicago</u></p> <hr/> <p>Address: <u>3251 East 92nd St</u> <u>Chicago</u> <u>60617</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>773-449-2600</u> Fax # <u>773-734-8022</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>5/1/2009</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> <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>	<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 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) _____</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> <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) _____ *	(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 checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name Victory Centre South Chicago

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	112	Single Unit Apartment	112	40,992	1
2		Double Unit Apartment			2
3		Other			3
4	112	TOTALS	112	40,992	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	31,442	642		32,084	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,442	642		32,084	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 78.27%

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

871 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 435 (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

ACCURAL 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 South Chicago

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	231,374	200,113	22,246	453,733	3,623	457,356	1
2	Housekeeping, Laundry and Maintenance	157,611	27,205	107,810	292,626	8,459	301,085	2
3	Heat and Other Utilities			138,316	138,316	216	138,532	3
4	Other (specify):							4
5	TOTAL General Services	388,985	227,318	268,372	884,675	12,298	896,973	5
B. Health Care and Programs								
6	Health Care/ Personal Care	479,724	710	52,903	533,337	13,105	546,442	6
7	Activities and Social Services	32,136	5,499	20,813	58,448	5,424	63,872	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	511,860	6,209	73,716	591,785	18,529	610,314	9
C. General Administration								
10	Administrative and Clerical	235,627	16,806	619,037	871,470	(184,621)	686,849	10
11	Marketing Materials, Promotions and Advertising	75,402	1,419	48,116	124,937	28,403	153,340	11
12	Employee Benefits and Payroll Taxes			245,709	245,709		245,709	12
13	Insurance-Property, Liability and Malpractice			54,414	54,414	1,988	56,402	13
14	Other (specify):					25,416	25,416	14
15	TOTAL General Administration	311,029	18,225	967,276	1,296,530	(128,814)	1,167,716	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,211,874	251,752	1,309,364	2,772,990	(97,987)	2,675,003	16
Capital Expenses								
D. Ownership								
17	Depreciation			676,329	676,329	194,175	870,504	17
18	Interest			636,402	636,402	(908)	635,494	18
19	Real Estate Taxes			49,408	49,408		49,408	19
20	Rent -- Facility and Grounds			1,528	1,528	8,342	9,870	20
21	Rent -- Equipment			17,422	17,422	309	17,731	21
22	Other (specify): Mortgage Insurance/Amortization			82,608	82,608		82,608	22
23	TOTAL Ownership			1,463,697	1,463,697	201,918	1,665,615	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,211,874	251,752	2,773,061	4,236,687	103,931	4,340,618	24

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

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	\$ 191,937	17 1
2	Employee Meals	(48)	01 2
3	Telephone Service	(6,573)	10 3
4	Community Fee	(45)	10 4
5	Late Fees	(295)	10 5
6	Bank Service Charges	(1,318)	10 6
7	Charitable Contributions	(1,559)	10 7
8	Resident Gifts	(189)	10 8
9	Bad Debt	(122,670)	10 9
10	Meals & Entertainment	(233)	11 10
11	Cable TV	(10,218)	10 11
12	Management Fees	(46,959)	10 12
13	Service Provider Fee	(162,344)	10 13
14	Interest Income - Escrows	(167)	18 14
15	Interest Income	(741)	18 15
16	Additional R&M	7,791	02 16
17	Capitalized R&M	(3,562)	02 17
18			18
19	PATHWAY SENIOR LIVING LLC		19
20	Dietary	3,671	01 20
21	Maintenance	880	02 21
22	Health Care/Personal Care	7,749	06 22
23	Community Life	5,424	07 23
24	Administrative	77,292	10 24
25	Marketing	18,164	11 25
26	Insurance	1,153	13 26
27	Employee Benefits	12,637	14 27
28	Rent - Building	940	20 28
29	Rent - Equipment	260	21 29
30			30
31	PATHWAY MANAGEMENT LLC		31
32	Maintenance	3,350	02 32
33	Utilities	216	03 33
34	Health Care/Personal Care	5,356	06 34
35	Administrative	92,937	10 35
36	Marketing	10,472	11 36
37	Insurance	835	13 37
38	Employee Benefits	12,779	14 38
39	Depreciation	2,238	17 39
40	Rent - Building	7,402	20 40
41	Rent - Equipment	49	21 41
42			42
43			43
44			44
45			45
46			46
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94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	103,931	101

Facility Name: Victory Centre South Chicago

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	0.97	\$ 26.10	1
2	Licensed Practical Nurses	2.54	23.84	2
3	Certified Nurse Assistants	12.15	11.92	3
4	Activity Director & Assistants	1.02	15.20	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.72	12.76	7
8	Dishwashers			8
9	Maintenance Workers	3.81	12.98	9
10	Housekeepers	2.50	10.52	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.17	18.35	13
14	Clerical			14
15	Marketing	1.29	28.15	15
16	Other			16
17	Total (lines 1 thru 16)	39.16	\$ 14.88	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%	1.54	\$ 7,677	1
2					2
3					3
4					4
5					5
				Total	\$ 7677 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	None	\$ 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 South Chicago

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 628,250 Year land was acquired 2009

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	112		2009	2009	\$ 21,481,264	\$ 678,567	35	\$ 613,750	\$ (64,817)	\$ 4,910,000	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				230,652			11,532	11,532	25,262	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)				\$ 21,711,916	\$ 678,567		\$ 625,282	\$ (53,285)	\$ 4,935,262	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	\$ 2,452,214	\$	\$ 245,221	245,221		\$ 1,933,665	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 2,452,214	\$	\$ 245,221	245,221		\$ 1,933,665	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 South Chicago

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	Wiring On Outside Gate	2011	2,785		20	139	139	836	2
3	Replace Compressor	2012	2,296		20	115	115	574	3
4	New Sign- Ne Corner In Front	2013	5,103		20	255	255	1,021	4
5	Paving	2014	7,728		20	386	386	1,159	5
6	Signage	2014	4,560		20	228	228	684	6
7	Dining Room Floor	2014	14,810		20	740	740	2,221	7
8	Call System	2015	89,913		20	4,496	4,496	8,991	8
9	Emergency System	2015	11,534		20	577	577	1,153	9
10	Call System	2015	80,526		20	4,026	4,026	8,053	10
11	Freezer Door	2016	5,083		20	254	254	254	11
12	Wireless Pull Cords In Common Areas	2016	2,752		20	138	138	138	12
13	Replace & Install Pump	2016	3,562		20	178	178	178	13
14									14
15									15
16									16
17									17
18									18
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 230,652	\$		\$ 11,532	\$ 11,532	\$ 25,262	34

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

Facility Name & ID Number Victory Centre South Chicago

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 South Chicago

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
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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 South Chicago

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			/ /	1,528			5
6	Allocated from Pathway			/ /	8,342			6
7	TOTAL				\$ 9,870			7

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

9. Rental amount for movable equipment \$ 17,731

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	Capmark Finance		X	1st Mortgage	1/1/08	\$ 10,685,000	\$ 10,091,488	5/1/49	6.0200	\$ 609,030
2	City of Chicago Dept of Housing		X	2nd Mortgage	12/1/08	2,000,000	2,000,000	5/1/49	1.0000	20,000
3	IDHA Trust Fund Loan		X	3rd Mortgage	6/1/09	750,000	667,593	5/1/49	1.0000	7,372
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 13,435,000	\$ 12,759,081			\$ 636,402
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		(741)
9	Interest Income - Escrows		X		/ /			/ /		(167)
10	TOTALS (lines 7, 8 and 9)					\$ 13,435,000	\$ 12,759,081			\$ 635,494

* 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 South Chicago

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	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 173,957	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	619,077		3
4	Supply Inventory (priced at)	5,237		4
5	Short-Term Investments			5
6	Prepaid Insurance	69,824		6
7	Other Prepaid Expenses	8,043		7
8	Accounts Receivable (owners or related parties)	100		8
9	Other(specify):	962,220		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,838,458	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	628,250		13
14	Buildings, at Historical Cost	19,343,615		14
15	Leasehold Improvements, at Historical Cost	42,788		15
16	Equipment, at Historical Cost	2,658,234		16
17	Accumulated Depreciation (book methods)	(5,118,311)		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):	468,910		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 18,023,486	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 19,861,944	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 726,942	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	20,000		29
30	Accrued Salaries Payable	45,394		30
31	Accrued Taxes Payable	94,472		31
32	Accrued Interest Payable	208,091		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	116,038		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,210,937	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,739,081		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)	\$ 12,739,081	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,950,018	\$	45
46	TOTAL EQUITY	\$ 5,911,926	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 19,861,944	\$	47

*(See instructions.)

Facility Name: Victory Centre South Chicago

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	\$ 3,540,624	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,540,624	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	48	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 48	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	908	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 908	14
D. Other Revenue (specify):			
15		10,046	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,046	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,551,626	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	884,675	19
20	Health Care/ Personal Care	591,785	20
21	General Administration	1,296,530	21
B. Capital Expense			
22	Ownership	1,463,697	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)	\$ 4,236,687	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (685,061)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (685,061)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,126,025	32
33	Private Pay - Net Inpatient Revenue	87,904	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,326,695	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,540,624	37