

		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>1000137</u></p> <p>Facility Name: <u>Victory Centre Vernon Hills</u></p> <hr/> <p>Address: <u>97 West Phillip Road</u> <u>Vernon Hills</u> <u>60061</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Lake</u></p> <p>Telephone Number: (<u>847-549-6070</u> Fax # <u>847-367-5530</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/19/2012</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td style="border: none;"></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 align="center">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:30%; border: none;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Title) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Paid Preparer</td> <td style="border: none;">(Signed) _____ *</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">* Subject to the attached Accountants Consulting Report</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name and Title) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfungsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) <u>(847) 282-6300</u></td> <td style="border: none;">Fax <u>(847) 282-6301</u></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____ *	(Date) _____		* Subject to the attached Accountants Consulting Report			(Print Name and Title) _____			(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfungsten 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 align="center">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</p> <p align="right">Phone # (217) 782-1630</p>																																																

Facility Name Victory Centre Vernon Hills

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	120	Single Unit Apartment	120	43,920	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,920	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	20,723	11,158		31,881	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,723	11,158		31,881	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 72.59%

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

494 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 134 (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 Vernon Hills

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	304,900	257,017	22,004	583,921	751	584,672	1
2	Housekeeping, Laundry and Maintenance	123,456	53,308	117,343	294,107	12,598	306,705	2
3	Heat and Other Utilities			142,174	142,174	284	142,458	3
4	Other (specify):							4
5	TOTAL General Services	428,356	310,325	281,521	1,020,202	13,633	1,033,835	5
B. Health Care and Programs								
6	Health Care/ Personal Care	570,214	14,248	54,236	638,698	17,204	655,902	6
7	Activities and Social Services	46,949	3,294	19,490	69,733	7,121	76,854	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	617,163	17,542	73,726	708,431	24,325	732,756	9
C. General Administration								
10	Administrative and Clerical	185,490	13,120	1,481,698	1,680,308	(1,044,474)	635,834	10
11	Marketing Materials, Promotions and Advertising	101,519	3,870	85,796	191,185	36,871	228,056	11
12	Employee Benefits and Payroll Taxes			263,406	263,406		263,406	12
13	Insurance-Property, Liability and Malpractice			36,016	36,016	2,610	38,626	13
14	Other (specify):					33,366	33,366	14
15	TOTAL General Administration	287,009	16,990	1,866,916	2,170,915	(971,627)	1,199,288	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,332,528	344,857	2,222,163	3,899,548	(933,669)	2,965,879	16
Capital Expenses								
D. Ownership								
17	Depreciation			806,489	806,489	(33,355)	773,134	17
18	Interest			600,149	600,149	(3,592)	596,557	18
19	Real Estate Taxes			144,629	144,629		144,629	19
20	Rent -- Facility and Grounds			1,122	1,122	10,952	12,074	20
21	Rent -- Equipment			14,506	14,506	406	14,912	21
22	Other (specify): Mortgage Insurance/Amortization			99,459	99,459		99,459	22
23	TOTAL Ownership			1,666,354	1,666,354	(25,589)	1,640,765	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,332,528	344,857	3,888,517	5,565,902	(959,258)	4,606,644	24

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

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-Straight Line Depreciation	\$ (86,293)	17	1
2	Guest Meals	(3,690)	01	2
3	Employee Meals	(379)	01	3
4	Damage Recovery	(778)	10	4
5	NSF Fees	(210)	10	5
6	Late Fees	(70)	10	6
7	Other Income	(241)	10	7
8	Meals & Entertainment	(723)	11	8
9	Bank Service Charges	(1,576)	10	9
10	Charitable Contributions	(1,596)	10	10
11	Resident Gifts	(64)	10	11
12	Resident Reimbursables	(7)	10	12
13	Bad Debt-Tenant	(3,065)	10	13
14	Bad Debt- Medicaid	(52,000)	10	14
15	Cable TV	(979)	10	15
16	Management Fees	(53,968)	10	16
17	Service Provider Fees	(245,989)	10	17
18	Forgiveness of Debt	(45,323)	10	18
19	Asset Management Fee	(33,765)	10	19
20	Incentive Management Fee	(828,310)	10	20
21	Interest Income-Escrows	(1,320)	18	21
22	Interest Income	(2,264)	18	22
23	Additional R&M	7,044	02	23
24				24
25				25
26	Pathway Senior Living			26
27	Dietary	4,820	01	27
28	Maintenance	1,156	02	28
29	Healthcare/Personal Care	10,173	06	29
30	Community Life	7,121	07	30
31	Administrative	101,470	10	31
32	Marketing	23,846	11	32
33	Insurance	1,513	13	33
34	Employee Benefits	16,590	14	34
35	Rent - Building	1,235	20	35
36	Rent - Equipment	341	21	36
37				37
38	Pathway Management			38
39	Maintenance	4,398	02	39
40	Utilities	284	03	40
41	Healthcare/Personal Care	7,031	06	41
42	Administrative	122,008	10	42
43	Marketing	13,748	11	43
44	Insurance	1,097	13	44
45	Employee Benefits	16,776	14	45
46	Depreciation	2,938	17	46
47	Rent - Building	9,717	20	47
48	Rent - Equipment	65	21	48
49				49
50				50
51				51
52				52
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95				95
96				96
97				97
98				98
99				99
100				100
101	Total	(959,258)		101

Facility Name: Victory Centre Vernon Hills

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	1.48	\$ 27.12	1
2	Licensed Practical Nurses	2.43	26.65	2
3	Certified Nurse Assistants	13.22	12.79	3
4	Activity Director & Assistants	1.05	21.59	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.72	12.51	7
8	Dishwashers			8
9	Maintenance Workers	2.46	15.43	9
10	Housekeepers	2.11	10.15	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.31	20.69	13
14	Clerical			14
15	Marketing	1.00	48.81	15
16	Other			16
17	Total (lines 1 thru 16)	39.78	\$ 16.10	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Jerry Finis	0.001225%	2.02	\$ 10,078	1
2					2
3					3
4					4
5					5
Total				\$ 10078	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$
2		
Total		\$

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 Vernon Hills

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

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

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	120		2012		\$ 18,937,617	\$ 809,427	28	\$ 676,343	\$ (133,084)	\$ 3,394,013	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				189,685			9,485	9,485	43,471	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,127,302	\$ 809,427		\$ 685,828	\$ (123,599)	\$ 3,437,484	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	\$ 873,061	\$	\$ 87,306	87,306		\$ 426,962	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 873,061	\$	\$ 87,306	87,306		\$ 426,962	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 Vernon Hills

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	2012	165,395		20	8,270	8,270	41,350	2
3	Sod Replacement	2014	6,326		20	316	316	949	3
4	Hvac Repairs	2015	2,516		20	126	126	252	4
5	Condenser Repairs	2015	2,954		20	148	148	295	5
6	Landscaping- Plants, Sod, Mulch	2016	7,548		20	377	377	377	6
7	Parking Lot Re-Seal	2016	4,946		20	247	247	247	7
8									8
9									9
10									10
11									11
12									12
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 189,685	\$		\$ 9,485	\$ 9,485	\$ 43,471	34

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

Facility Name & ID Number Victory Centre Vernon Hills

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
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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 Vernon Hills

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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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 Vernon Hills

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			/ /	1,122			5
6	Allocated from Pathway			/ /	10,952			6
7	TOTAL				\$ 12,074			7

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

9. Rental amount for movable equipment \$ 14,912

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2	3	4	6	7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	A. Directly Facility Related									
	Long-Term									
1	Centennial Mortgage		X	1ST Mortgage	4/1/12	\$ 12,101,000	\$ 11,609,826	3/1/52	5.1500	\$ 600,149
2	IHDA Loan		X	2nd Mortgage		1,246,626	914,194			
3										
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 13,347,626	\$ 12,524,020			\$ 600,149
	B. Non-Facility Related									
8	Interest Income-Escrows		X		/ /			/ /		(1,328)
9	Interest Income		X		/ /			/ /		(2,264)
10	TOTALS (lines 7, 8 and 9)					\$ 13,347,626	\$ 12,524,020			\$ 596,557

* 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 Vernon Hills

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	\$ 1,389,229	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	432,884		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	57,571		6
7	Other Prepaid Expenses	19,180		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,524,431		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,423,295	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	600,000		13
14	Buildings, at Historical Cost	18,937,617		14
15	Leasehold Improvements, at Historical Cost	193,974		15
16	Equipment, at Historical Cost	883,281		16
17	Accumulated Depreciation (book methods)	(4,168,208)		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):	667,366		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,114,030	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,537,325	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 78,176	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	62,430		30
31	Accrued Taxes Payable	150,094		31
32	Accrued Interest Payable	49,826		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	1,065,573		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,406,099	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,524,020		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)	\$ 12,524,020	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,930,119	\$	45
46	TOTAL EQUITY	\$ 6,607,206	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 20,537,325	\$	47

*(See instructions.)

Facility Name: Victory Centre Vernon Hills

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	\$ 4,938,867	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,938,867	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	1,602	8
9	Non-Resident Meals	4,069	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 5,671	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	3,592	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,592	14
D. Other Revenue (specify):			
15		47,131	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 47,131	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,995,261	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,020,202	19
20	Health Care/ Personal Care	708,431	20
21	General Administration	2,170,915	21
B. Capital Expense			
22	Ownership	1,666,354	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 5,565,902	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (570,641)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (570,641)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,403,431	32
33	Private Pay - Net Inpatient Revenue	2,082,760	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	452,676	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,938,867	37