

		FOR BHF USE			

LL2

Supportive Living Facility
2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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>1000011</u></p> <p>Facility Name: <u>Victory Centre of Prk Forest</u></p> <hr/> <p>Address: <u>101 Main Street</u> <u>Park Forest</u> <u>60466</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>(708) 283-2921</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/19/2002</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>1/1/2017</u> to <u>12/31/2017</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 rowspan="2" style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(Title) _____</td> </tr> </table> <table border="1" style="width:100%"> <tr> <td rowspan="4" style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">* Subject to the attached Accountants' Consulting Report</td> </tr> <tr> <td colspan="2">(Print Name and Title) _____</td> </tr> <tr> <td colspan="2">(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></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) _____	(Date) _____	* Subject to the attached Accountants' Consulting Report		(Print Name and Title) _____		(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 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>Steven N. 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 of Prk Forest

Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	24,455	1
2	12	Double Unit Apartment	12	4,380	2
3		Other			3
4	79	TOTALS	79	28,835	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	21,966	1,615		23,581	5
6	Double Unit	3,570	260		3,830	6
7	Other					7
8	TOTALS	25,536	1,875		27,411	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.06%

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

614 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 54 (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: 12/31/17 Fiscal Year: 12/31/17

* 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 of Prk Forest

Report Period Beginning:

1/1/2017

Ending: 12/31/2017

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	262,317	178,269	8,745	449,331	(2,097)	447,234	1
2	Housekeeping, Laundry and Maintenance	113,596	30,781	81,001	225,378	10,338	235,716	2
3	Heat and Other Utilities			88,238	88,238	226	88,464	3
4	Other (specify):							4
5	TOTAL General Services	375,913	209,050	177,984	762,947	8,468	771,415	5
B. Health Care and Programs								
6	Health Care/ Personal Care	473,146	649	23,959	497,754	(1,477)	496,277	6
7	Activities and Social Services	31,821	3,830	13,755	49,406	(8,333)	41,073	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	504,967	4,479	37,714	547,160	(9,810)	537,350	9
C. General Administration								
10	Administrative and Clerical	194,998	10,703	502,669	708,370	(48,980)	659,390	10
11	Marketing Materials, Promotions and Advertising	88,670	4,854	63,493	157,017	(5,395)	151,622	11
12	Employee Benefits and Payroll Taxes			233,149	233,149		233,149	12
13	Insurance-Property, Liability and Malpractice			40,528	40,528	1,522	42,050	13
14	Other (specify):					25,730	25,730	14
15	TOTAL General Administration	283,668	15,557	839,839	1,139,064	(27,123)	1,111,941	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,164,548	229,086	1,055,537	2,449,171	(28,465)	2,420,706	16
Capital Expenses								
D. Ownership								
17	Depreciation			348,400	348,400	(32,973)	315,427	17
18	Interest			204,347	204,347	(455)	203,892	18
19	Real Estate Taxes			147,004	147,004		147,004	19
20	Rent -- Facility and Grounds			1,440	1,440	8,316	9,756	20
21	Rent -- Equipment			11,118	11,118	71	11,189	21
22	Other (specify):MIP/Amortization			29,692	29,692		29,692	22
23	TOTAL Ownership			742,001	742,001	(25,041)	716,960	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,164,548	229,086	1,797,538	3,191,172	(53,506)	3,137,666	24

Report Period Beginning: 1/1/2017
 Ending: 12/31/2017

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	(34,953)	17 1
2	Guest Meals	(12)	01 2
3	Employee Meals	(509)	01 3
4	Maintenance Fees	(725)	02 4
5	Damage Recovery	(320)	10 5
6	NSF Fees	(165)	10 6
7	Law Fees	(36)	10 7
8	Termination Fees	(21)	10 8
9	Other Income	(222)	10 9
10	Meals & Entertainment	(877)	11 10
11	Bank Service Charges	(1,977)	10 11
12	Charitable Contributions	(1,394)	10 12
13	Resident Gifts	(646)	10 13
14	Bad Debt	(45,874)	10 14
15	Bank Service Charges	(61)	10 15
16	Pet Care	(951)	07 16
17	Cable TV	(1,233)	02 17
18	Management Fees	(194,044)	10 18
19	Asset Management Fee	(3,750)	10 19
20	Interest Income-Escrows	(210)	18 20
21	Interest Income	(245)	18 21
22	Additional R&M	7,744	02 22
23			23
24	PATHWAY MANAGEMENT LLC		24
25	Maintenance	3,747	02 25
26	Utilities	226	03 26
27	Health Care/Personal Care	8,928	06 27
28	Community Life	454	07 28
29	Administrative	113,185	10 29
30	Marketing	11,116	11 30
31	Insurance	467	13 31
32	Employee Benefits	15,306	14 32
33	Depreciation	1,980	17 33
34	Rent - Building	7,485	20 34
35	Rent - Equipment	17	21 35
36	Shared Services	(4,561)	10 36
37	Shared Services	(2,092)	01 37
38	Shared Services	(15,790)	06 38
39	Shared Services	(12,884)	07 39
40	Shared Services	(31,718)	11 40
41			41
42	PATHWAY SENIOR LIVING LLC		42
43	Dietary	517	01 43
44	Maintenance	885	02 44
45	Health Care/Personal Care	5,385	06 45
46	Community Life	4,968	07 46
47	Administrative	80,841	10 47
48	Marketing	16,084	11 48
49	Insurance	1,055	13 49
50	Employee Benefits	10,424	14 50
51	Rent - Building	911	20 51
52	Rent - Equipment	54	21 52
53			53
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98			98
99			99
100			100
101	Total	(63,506)	101

Facility Name: Victory Centre of Prk Forest

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.90	\$ 24.28	1
2	Licensed Practical Nurses	2.10	26.25	2
3	Certified Nurse Assistants	11.72	12.85	3
4	Activity Director & Assistants			4
5	Social Service Workers	0.94	16.25	5
6	Head Cook			6
7	Cook Helpers/Assistants	9.46	13.33	7
8	Dishwashers			8
9	Maintenance Workers	2.34	15.55	9
10	Housekeepers	1.67	10.91	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.66	25.59	13
14	Clerical			14
15	Marketing	1.47	28.93	15
16	Other			16
17	Total (lines 1 thru 16)	34.26	\$ 16.34	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%	1.34	\$ 6,705	1
2					2
3					3
4					4
5					5
Total				\$ 6705	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? \$ 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 of Prk Forest

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	\$ 350,380	28	\$ 257,511	\$ (92,869)	\$ 4,057,714	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				249,865			13,488	13,488	46,342	6
7	Various		2002		323,939		20	16,197	16,197	259,152	7
8	Various		2003		6,687		20	334	334	5,015	8
9	Various		2006		13,049		20	652	652	7,830	9
10	Various		2007		1,495		20	75	75	822	10
11	Various		2008		23,522		20	1,176	1,176	10,758	11
12	Various		2009		149,414		20	7,471	7,471	67,236	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,978,274	\$ 350,380		\$ 296,904	\$ (53,476)	\$ 4,454,869	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	\$ 645,987	\$	\$ 18,523	18,523		\$ 558,230	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 645,987	\$	\$ 18,523	18,523		\$ 558,230	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 of Prk Forest

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	Dining Room - Drywall	2010	1,130		20	57	57	453	2
3	Excavation In Kitchen Area	2011	2,800		20	140	140	980	3
4	Install Ada Remps	2011	2,725		20	136	136	954	4
5	Code Alert System	2011	9,298		20	465	465	3,254	5
6	Code Alert, Cust Id	2011	2,085		20	104	104	730	6
7	Solarium & Residential Drain Tile	2011	3,641		20	182	182	1,274	7
8	Tuckpoint For Exterior Sif Wall & Code Alert	2011	3,846		20	192	192	1,346	8
9	Concrete Removal & Replacement	2011	3,100		20	155	155	1,085	9
10	Garage Door Motor Opener	2012	1,500		20	75	75	525	10
11	Re-Seal & Re-Stripe Parking Lot	2012	1,895		20	95	95	663	11
12	A/C Compressor	2012	1,611		20	81	81	564	12
13	Tile Replacement	2013	6,263		20	313	313	1,566	13
14	Phone System	2014	3,100		20	155	155	620	14
15	Phone System	2014	3,099		20	155	155	620	15
16	Common Area Carpeting	2015	73,896		20	3,695	3,695	11,084	16
17	It-Communications	2015	19,887		20	1,989	1,989	5,966	17
18	Pull Cord System	2015	24,680		20	1,234	1,234	3,702	18
19	Pull Cord System	2015	6,510		20	325	325	976	19
20	Phone System	2015	20,199		20	1,010	1,010	3,030	20
21	Pull Cord System	2015	33,325		20	1,666	1,666	4,999	21
22	Repair Heating Element	2015	2,655		20	133	133	398	22
23	Motor Blower For A/C	2015	2,952		20	148	148	443	23
24	Elevator Repair	2016	2,512		20	126	126	252	24
25	New Steamer Hookup- Main Water Line	2017	4,676		20	234	234	234	25
26	Patching, Priming, Painting- Sif Building- Hallways/Common Area	2017	6,000		20	300	300	300	26
27	Pull Cords, Pendants, Transmitters	2017	6,482		20	324	324	324	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 249,865	\$		\$ 13,488	\$ 13,488	\$ 46,342	34

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

Facility Name & ID Number Victory Centre of Prk Forest

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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
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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 of Prk Forest

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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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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 of Prk Forest

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

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			/ /	1,440			5
6	Allocated from Pathway			/ /	8,316			6
7	TOTAL				\$ 9,756			7

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

9. Rental amount for movable equipment \$ 11,189

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	Red Mortgage Capital		X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 4,894,230	4/1/42	4.1300	\$ 204,347	1
2	IHDA		X	3rd Mortgage	11/4/02	500,000	153,163	8/1/42	1.0000		2
3					/ /			/ /			3
	Working Capital										
4	Pathway Development	X		Loan	/ /	402,197	402,197	/ /	Prime+ 1%		4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,402,197	\$ 5,449,590			\$ 204,347	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(245)	8
9	Interest Income - Escrow		X		/ /			/ /		(210)	9
10	TOTALS (lines 7, 8 and 9)					\$ 6,402,197	\$ 5,449,590			\$ 203,891	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 of Prk Forest

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,196,952		3
4	Supply Inventory (priced at)	6,705		4
5	Short-Term Investments			5
6	Prepaid Insurance	47,940		6
7	Other Prepaid Expenses	15,583		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	567,932		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,835,112	\$	10
	B. Long-Term Assets			
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	503,486		15
16	Equipment, at Historical Cost	957,055		16
17	Accumulated Depreciation (book methods)	(5,379,769)		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): See Attached	45,065		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,482,348	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,317,460	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 85,950	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	87,708		30
31	Accrued Taxes Payable	152,335		31
32	Accrued Interest Payable	297,648		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	252,078		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 875,719	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,449,590		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)	\$ 5,449,590	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,325,309	\$	45
46	TOTAL EQUITY	\$ (1,007,849)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,317,460	\$	47

*(See instructions.)

Facility Name: Victory Centre of Prk Forest

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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	\$ 3,088,793	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,088,793	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	521	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 521	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	455	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 455	14
D. Other Revenue (specify):			
15		61,944	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 61,944	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,151,713	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	762,947	19
20	Health Care/ Personal Care	547,160	20
21	General Administration	1,139,064	21
B. Capital Expense			
22	Ownership	742,001	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 3,191,172	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (39,459)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (39,459)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,338,914	32
33	Private Pay - Net Inpatient Revenue	114,273	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,635,606	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,088,793	37